



## BRITISH COLUMBIA NATUROPATHIC DOCTOR REGISTRATION FORM

Please complete the form and return to Client Services by email to [info@rmlab.com](mailto:info@rmlab.com) or by fax at 1-866-370-5223.

NATUROPATHIC DOCTOR INFORMATION		
Name	License Number	
Address		
City	Province	Postal Code
Email Address		
Phone	Fax	
24hr Emergency Contact Phone <b>(required)</b>		

PRIMARY ACCOUNT CONTACT INFORMATION <small>(complete only if different from above)</small>	
Name	
Phone	Fax
Email Address	

BILLING INFORMATION		
Name		
Address		
City	Province	Postal Code
Phone	Fax	
Email Address		

RESULTS REPORTING PREFERENCE		
Excelleris	<input type="checkbox"/> Excelleris will contact you to arrange online access to your results	
Autofax	<input type="checkbox"/> <b>Secure Fax Number (please provide)</b> For a fax number to be "secure," the fax machine must be located in a private place where it cannot be accessed by the public. You will receive a Fax Verification Form to verify the security of your fax. Please sign this form and fax is back as soon as possible. We are unable to fax results until this form has been received.	
Hard Copy (mail)	<input type="checkbox"/> Please provide the mailing address if different from doctor address above	
Address		
City	Province	Postal Code



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SERVICE TERMS	
Pricing	LifeLabs Naturopath Price List
Validity	Prices are subject to change with 30 days prior notice
Payment	Net 30 days

I have read and understand the terms and conditions and would like to proceed with a LifeLabs account.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_