



Account Information

Institution / Clinic Name

Group/Facility NPI #

Ordering Provider

Title

Provider NPI #

Mailing Address

City

State

Zip Code

Phone Number

Fax Number

E-mail Address (**required for portal access**)

Additional Provider, PA or Nurse

Additional Provider, PA or Nurse E-mail Address

Primary Clinic Contact (if different than provider)

Title

Primary Clinic Contact E-mail Address (**required for portal access**)

Primary Clinic Contact Phone Number

Primary Clinic Contact Fax Number

Sales Rep Name

Sales Rep E-mail

Date

Sales Distributor Group

Sales Rep/Distributor - Please be sure to e-mail the completed form to uti@intelligene-cg.com.