



Practice Profile

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Welcome to CLIO Laboratories

territory manager

regional manager

estimate start date

practice name

practice phone

practice fax

address

city

state

zip

contact person

contact phone

contact email

Physicians and Providers

I hereby acknowledge that CLIO Laboratories will perform drug testing for patients from my practice as indicated on individual patient laboratory requestion forms submitted with each specimen.

Name (last name, first)

NPI #

Signature

Name (last name, first)

NPI #

Signature

Name (last name, first)

NPI #

Signature

Name (last name, first)

NPI #

Signature

Reporting Preferences (Toxicology Reporting Only)

Summary Page Yes No (Choose "Yes" or "No" then select your report format)

Standard Report

Outcome Report (Shows inconsistencies and detection windows.)

Normalized (The creatinine normalization calculation corrects, or normalizes, the drug test result to normal levels based on the patient's own creatinine level. This calculation corrects for fluctuation of the urine concentration and presents a clearer picture of the drug level in the sample simplifying the interpretation of the drug levels in urine drug tests over time. These normalization procedures provide alternative means of dealing with highly dilute, dilute, and concentrated urine specimens.)

I would like to receive my results via fax: Yes (Fax number must be provided above)

Notes

iPowerDoc Password (Client Recommended/Not Final): _____

* If the client has a recommended password, please provide. Any recommendations will be taken into consideration at the time of the account's creation. Otherwise the iPowerDoc password will be assigned at the time of the account's creation. All passwords must be a minimum of 8 characters long, include at least 1 capital letter and 1 symbol, and cannot include the client code.