

Center for Precision Diagnostics

Toll Free: 855.916.4DNA (4362) or 313.916.4DNA Fax: 313.916.7071

Provider Intake Form- Multiple Physicians

OFFICE NAME AND ADDRESS

CLIENT: _____

Contact: _____
 FULL NAME

 PHONE NUMBER

EMAIL ADDRESS

Results will be faxed to
 the number listed below

Provider's Full First and Last Name	NPI	Address if Different that noted above City/State/Zip	Phone/Fax
			P: F:
			P: F:
			P: F:
			P: F:
			P: F:

Return completed form to: hfcpd@hfhs.org or fax to 313-916-7071 Attention: CENTER FOR PRECISION DIAGNOSTICS

LAB USE ONLY Entered into PMAP and Atlas _____