



www.smalaboratory.com

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Toll Free Fax: 1-888-322-9524

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940 Pennsylvania Boulevard, Suite E, Feasterville, PA 19053
 40 Exchange Place, Suite 701 New York, NY 10005
 2944 SW 26th Terrace, Suite 502 Dania Beach, Florida 33312

New Pathology Physician Information Form: Date: ____/____/____

Practice Name: _____

Doctor's Name: _____

Address: _____

Phone #: ____-____-____ **Fax #:** ____-____-____

Upin / NPI / License#: _____

Office Manager Name: _____ **Phone:** ____-____-____ **Email:** _____

Lab Contact Person: _____ **Phone:** ____-____-____ **Email:** _____

(responsible for specimens on Doctor's behalf)

Preferred Results Delivery Method:

- Website Self Retrieval Fax Mail Email

Expected Report Style:

- Microscopic Description Images Highlighted Malignant Cases (In red)

Schedule of office hours for specimen collection:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Office Hours							
Specimen Collection time							

Name of Sales Executive: _____