



Provider Consent Form

Practice Information

Telephone: _____

Fax: _____

Address:

Email: _____

Provider's Name: _____

NPI #: _____

PANEL DESCRIPTION

To accommodate the needs of providers who order tests, SMA offers practitioners the opportunity to create custom panels based on the needs of their patient population and Doctor's specialty.

Recurring Provider Acknowledgement & Consent:

As part of my practice's compliance protocols, I hereby request and authorize SMA Specialty Medical Lab to establish for me the below customized testing panel for patients from my practice.

Custom Profile Name _____



Physicians should only order tests they deem medically necessary.

I, _____ (please include provider's name and credentials) hereby attest that the medical record entry for all patients in this facility accurately reflects signatures/notations that I made in my capacity as rendering provider when I treated/diagnosed patients.

I understand that at any time I deem appropriate, I can override my custom panels through individualized selections on each patients individual requisition form.

Provider's Signature: _____ Date: _____