HAGYARD
Equine Medical Institute

Hagyard-Davidson-McGee Since 1876

Hagyard-Davidson-McGee Associates, PLLC

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Medicine (859) 253-0002
Surgery (859) 233-0026
Laboratory (859) 259-3685

HAGYARD LABORATORY

NEW CLIENT FORM

CLIENT INFORMATION

DOCTOR NAME: _____ DR. ACCR. CODE: _____

CLINIC NAME: _____ EMAIL: _____

PHONE: _____ MOBILE: _____ FAX: _____

LIST OTHER DOCTORS FROM YOUR CLINIC THAT WILL SUBMIT SPECIMENS:

_____

_____

_____

CLIENT ADDRESS

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BILLING ADDRESS *(if different from above)*

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BILLING OPTIONS

____ BILL EACH DOCTOR INDIVIDUALLY AT PRACTICE

____ BILL CLINIC AS A GROUP FOR ALL DOCTOR SUBMISSIONS

REPORTING OPTIONS

EMAIL ADDRESS _____

FAX # _____

CRITICAL RESULTS WILL BE CALLED OR TEXTED

If you have clients that need to receive results via email or fax, please contact the laboratory.

Complete this form and fax to (859) 258-9652 or email to hdmlab@hagyard.com. If you have any questions, please call us at (859) 259-3685. We look forward to providing you with quality and timely results.

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