

# Valley Medical Laboratories

105 - 537 Leon Avenue  
Kelowna, BC V1Y 6J5

Phone: (250) 763-4813 Fax: (250) 862-2843



## BRITISH COLUMBIA NATUROPATHIC DOCTOR REGISTRATION FORM

(2014-09-25)

Please complete the form and return by email to [info@vmlabs.ca](mailto:info@vmlabs.ca) or by fax to 250-862-2843.

We will share your registration information with our referral laboratories.

**\*\* Please do not send patients for testing until we inform you that the registration process is complete.**

### NATUROPATHIC DOCTOR INFORMATION

Lastname

Firstname

License Number

Address

City

Province

Postal Code

Email Address

Phone

Fax

**\*\* Emergency Contact 1: Lastname**

**Firstname**

**Phone**

**\*\* Emergency Contact 2: Lastname**

**Firstname**

**Phone**

**\*\* MANDATORY** - must be available 8 am to 8 pm Monday to Friday for routine testing, weekends for microbiology.

### RESULTS REPORTING PREFERENCE (Tick One Box)

**Electronic**

**Excelleris Technologies will contact you to arrange online access to your results**

**Fax**

**Please provide secure fax number:**

For a fax number to be "secure", the fax machine must be located in a private place where it cannot be accessed by the public. We will send a Fax Verification Form to verify the security of your fax. Please sign this form and return it by fax as soon as possible. We are unable to fax results until this form has been received.

**Mail**

**Please provide the mailing address if different from the doctor address above.**

**Address**

**City**

**Province**

**Postal Code**

### BILLING INFORMATION

The ordering naturopathic doctor will be billed for laboratory services performed.

Please complete if different than the NATUROPATHIC DOCTOR INFORMATION above.

Name

Address

City

Province

Postal Code

Phone

Fax

Email address

### SERVICE TERMS

**Pricing**

**Valley Medical Laboratories and LifeLabs Naturopath Price Lists**

**Validity**

**Prices are subject to change with 30 days prior notice**

**Payment**

**Net 30 days**

I understand and agree to the terms and conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_