



UPDATE FORM FOR ORDERING PHYSICIANS

To maintain accuracy and compliance, please complete the information below for all ordering physicians. Keep a copy of this form on file for any physician additions or deletions in the future.

Thank you for your assistance.

Kindly fax immediately to 718-762-3350

CLIENT NAME: _____ **XCL ACCOUNT #:** _____

CLIENT ADDRESS: _____ **CITY:** _____ **ZIP:** _____

ORDERING PHYSICIAN:

Please check one: **First Name:** _____ **Last Name:** _____
 Add (As it appears on license)

Remove **National Provider Identification (NPI) #:** _____

ORDERING PHYSICIAN:

Please check one: **First Name:** _____ **Last Name:** _____
 Add (As it appears on license)

Remove **National Provider Identification (NPI) #:** _____

ORDERING PHYSICIAN:

Please check one: **First Name:** _____ **Last Name:** _____
 Add (As it appears on license)

Remove **National Provider Identification (NPI) #:** _____

ORDERING PHYSICIAN:

Please check one: **First Name:** _____ **Last Name:** _____
 Add (As it appears on license)

Remove **National Provider Identification (NPI) #:** _____

*****Please completely fill out the accompanying form entitled "Ordering Physician/Non-Physician Signature Log"**

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