



48-25 36TH STREET | LONG ISLAND CITY-QUEENS 11101
PHONE: 866-465-6763 | FAX: 267-525-2488

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 267-525-2488

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"**



ORDERING PHYSICIAN/NON-PHYSICIAN SIGNATURE LOG

Please provide your signature and initials for validation of electronic orders and handwritten signatures.

Practitioner's Printed Name:

Credentials: (circle) MD DO CRNP APN PA

Initials _____

Signature: (no stamp signatures are acceptable):

Date: _____