



| New Client Form (Please Print) | | Email to: international@gp-labs.com |
|--|---------------------------|--|
| Practitioner Name: | Practitioner Credentials: | |
| Clinic Name: | Office Contact Person: | |
| Phone: | Fax: | |
| Email: | Website: | |
| Clinic Street Address: | | |
| Clinic City, State & Zipcode: | | |
| Email Address for your Online Results Portal: | | |
| <input type="checkbox"/> Check here if you would like to receive communication on new tests, upcoming webinars, blog posts and educational trainings. If yes, specify the email you wish to receive these communications: _____ | | |

| Consultation & Signature on File | |
|---|---------------|
| I authorize The Great Plains Laboratory to discuss prices with patients: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I, _____, authorize The Great Plains Laboratory to keep my signature on file for all tests performed through me. <small>(Print Name)</small> | |
| Date: _____ / _____ / _____ | Signed: _____ |

| Billing Options | |
|--|--|
| <input type="checkbox"/> Option 1 My patients will pay your laboratory directly. | |
| <input type="checkbox"/> Option 2 I authorize Great Plains Laboratory, LLC to charge me for my patient's labs using the following credit card. Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Name on Credit Card: _____ Credit Card Number: _____ Exp. Date: _____ Signature: _____ | <input type="checkbox"/> Option 3 Pay by PayPal. Payment is due upon reception of sample. Please send payment including shipping charges to payment@gp-labs.com . <input type="checkbox"/> Option 4 For other payment options, please contact The Great Plains Laboratory at international@gp-labs.com . |