

Account Change Requests Requiring Client Signature

Top Notch Health,

I would like to formally request the updates identified below for my account.

Account Name: _____

I am requesting online lab results.

I understand that I will be viewing electronic reports of confidential laboratory results and agree to abide by all published privacy policies of my company and TOP NOTCH HEALTH Laboratories.

I am requesting a contact change.

Primary Contact: _____ Email: _____

Contact 2: _____ Email Contact 2: _____

Contact 3: _____ Email Contact 3: _____

Contact 4: _____ Email Contact 4: _____

Contact 5: _____ Email Contact 5: _____

Contact 6: _____ Email Contact 6: _____

I am requesting to have the pre-printed diagnosis codes below added to my account requisitions.

1. _____
2. _____
3. _____
4. _____
5. _____

A physician's signature is required for requesting online lab results and updates to pre-printed diagnosis codes

I would like my forms to reflect a printed signature.

I acknowledge that having an imaged version of the signed form is the same as having the physically signed form.

Physician Signature: _____

Account Name: _____

Please e-mail this signed letter to Top Notch Health Client Services Department at topnotch-health.com