

North Bay Histology Lab, Inc.

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Novato, CA 94949

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Fax: (415) 883-3842

New Client Registration Form

Name of Office: _____

Name of Physician: _____

Physician's NPI #: _____

Mailing Address: _____

Name of Office Mgr.
or Medical Assistant: _____

Office Phone Number: () _____

Office Fax Number: () _____

Office Hours: _____

For Internal Use Only

Doctor ID # _____

FedEx Account # _____

Start Date _____

Setup Date _____