



Practice Profile

Resolve Molecular Diagnostics, LLC

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Account Information

Practice Name _____ Phone _____ Fax _____

Practice Address _____ City _____ State _____ Zip _____

Office Contact _____ Contact Email _____

Practice NPI #: _____

REPRESENTATIVE: _____ COMPANY: _____

CELL: _____

Physicians & Providers

Name (last name, first name) _____ NPI # _____

Name (last name, first name) _____ NPI # _____

Name (last name, first name) _____ NPI # _____

Name (last name, first name) _____ NPI # _____

Reporting Preferences

I would like to receive my results via: Fax Online

Account Notes

Acknowledgment

I hereby acknowledge that Resolve MDx will perform genetic testing for patients from my practice as indicated on individual patient Pharmacogenetic Request Forms.

Authorized Signature: _____ Date: _____