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SPECIAL INSTRUCTIONS

Please Ship Initial Inventory To: _____

 Note: (Inventory is shipped via UPS from Salt Lake City, UT)
 Other: _____

Account Setup

(This form is available in an editable format at www.axialbiotech.com/forms)

INSTITUTION INFORMATION (SHIP PRODUCT TO)

Institution/Clinic Name: _____
 Address: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ HIPAA Compliant Email: _____
 Please include my Contact Information on the Physician Locator Section of the ScoliScore Website.

PHYSICIAN INFORMATION (MAIL TEST RESULTS TO)

Dept/Clinic Name: _____
 Physician Name: _____ NPI: _____
 Physician Name: _____ NPI: _____
 Physician Name: _____ NPI: _____
 Physician Name: _____ NPI: _____
 Address: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ Fax: _____ HIPAA Compliant
 Phone: _____ Email: _____
 Specialty: Pediatric Orthopaedic Orthopaedic Spine Neurosurgery Pediatrician Family Practice Other: _____
 Office Administrators Name: _____
 Office Administrators Phone: _____ Office Administrators Email: _____
 PA or Nurse Name: _____
 PA or Nurse Phone: _____ PA or Nurse Email: _____

PHYSICIAN OFFICE CONTACT INFORMATION

Billing Contact Name (to verify patient information only; office will not be billed): _____
 Address: _____
 City: _____ State: _____ Zip: _____ Fax: _____
 Phone: _____ Email: _____
 Medical Records Contact Name: _____
 Phone: _____ Fax: _____

SALES REP CONTACT INFORMATION

Distributor Name: _____ Phone: _____ Email: _____
 Rep Name: _____ Phone: _____ Email: _____

Questions? Call Axial Biotech, Inc. at (877) 294-2598.

