



### Client Contact Information Form for Reporting Critical Values

The following contact information for your account is listed below:

Client Code:  
Client Name:  
Address Line 1:  
Address Line 2:  
City, State, Zip:

Contact Name:  
Phone Number:  
Fax Number:  
E-mail Address:

**Reporting critical values DURING hours listed below:**

Provide hours of operation:  M  Tu  W  Th  F  S  Su Hours: \_\_\_\_\_

If the contact information above is not correct OR if you wish to add additional contact information, please provide below:

Contact Name #1 : \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact Secure Fax #: \_\_\_\_\_  
Contact Pager Number: \_\_\_\_\_

Contact Name #2: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact Secure Fax #: \_\_\_\_\_  
Contact Pager Number: \_\_\_\_\_

**Reporting critical values AFTER hours listed above:**

After Hours Contact Name #1 : \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact Secure Fax #: \_\_\_\_\_  
Contact Pager Number: \_\_\_\_\_

After Hours Contact Name #2: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact Secure Fax #: \_\_\_\_\_  
Contact Pager Number: \_\_\_\_\_

**You may attach a list of your physicians and their contact information to this form. Remember to provide the AFTER HOURS contact information too.**

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_