

NEW ACCOUNT REGISTRATION FORM

SOURCE CREATION		
Clinic Name:	Doctor Names: (Clinic owner)	
Clinic Address:	Mobile No:	Email:
	Telephone No: (1) (2)	Fax:
Specialty:	Marketing/Sales Comment:	
PAYOR CREATION		
Payor Description: (Billing Name, Address & Contact Number)		
Paycode:	Billing Location:	Tests / Profile: (Blank for all)
Payor Code:		
Comment:		
ACCEPTANCE FOR ONLINE DELIVERY OF LABORATORY REPORTS		
<p><i>I, the clinic owner is hereby confirmed acceptance of the ONLINE DELIVERY OF LABORATORY REPORTS SERVICE as offered by Pantai Premier Pathology Sdn. Bhd. The following particulars are true and correct, useful for the registration of a USER NAME (ID) and PASSWORD. In order for uninterrupted availability of this service to me, I shall update Pantai Premier Pathology Sdn. Bhd. in writing, should the following particulars be changed. I shall also notify Pantai Premier Pathology Sdn. Bhd. for any changes to the authorised user login, reset of password is required.</i></p> <p>Please tick (✓) where appropriate.</p> <p style="text-align: center;"> <input type="checkbox"/> ONLINE <input type="checkbox"/> EMAIL <input type="checkbox"/> ONLINE & EMAIL </p>		
LOGISTIC ARRANGEMENT		
Type of visit: <input type="checkbox"/> On call basis <input type="checkbox"/> Once a day <input type="checkbox"/> Twice a day		
Business Hours Mon – Fri : Saturday : Sunday :	Doctor's Signature	
REQUESTED BY	APPROVED BY	
	SM / LM / ALM / BM	
EFFECTIVE DATE	SPECIAL REQUIREMENT	
FOR IT DEPARTMENT USE ONLY		
Comment:	Verified by: <div style="display: flex; justify-content: space-between;"> IT Manager Date </div>	