

Aeron LifeCycles Clinical Laboratory

New Account Form

Fax to: (510) 729-0383

Please complete this form to request an account with Aeron LifeCycles Clinical Laboratory. Collection supplies, customized requisition forms, and staff education will be provided after an Aeron representative has qualified your account by telephone. Please complete the requested information and check the appropriate boxes.

Medical Provider: _____ Specialty: _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

NPI: _____ Email: _____

Hours: M T W Th F _____ Contact: _____

PAYMENT OPTIONS (choose one)

Doctor Pay - Aeron will invoice the practice or charge the below credit card monthly for the samples received. A 25% discount off the list price would apply. Kits do not include pricing.

_____/_____/_____/_____ Exp. Date ____/____/____

Patient Pay - Patient sends in payment to Aeron with their sample. Kits include pricing information.

I would like to learn more about the Evaluate! Volume Discount Program
(Which includes pre-packaged panels of hormone and bone-loss tests)

SUPPLIES - (provided at no charge for you to dispense to your patients)

Saliva	1 single collection kit	5 single kits	10 single kits
	(for 1 time collection: i.e. Testosterone only)		
	5 multiples (cortisol or melatonin X4)		10 multiples
	5 PeriPanel kits (estradiol, progesterone x 5)		
Urine	5 Deoxy pyridinoline Dpd kits (bone loss marker)		10 Dpd kits

RESULTS

All results will be automatically mailed to your practice. For your convenience results may also be sent to your patient.

Doctor and Patient

Doctor only

I have read and understand the custom panels and fees for my practice and patients and wish to begin testing.

Signature of Provider: _____ Date: _____

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(800) 631-7900 * FAX (510) 729-0383 * www.aeron.com