GX Sciences
a Fagron company

NEW ACCOUNT SET UP FORM | CREDENTIAL REQUEST

Nutrigenomic test kits are limited to credentialed healthcare professionals only. Please email this form along with a copy of your license to ***info@gxsciences.com****. The account holder's name must match the license name provided.*

Provider Name: ______________________ Practice Name: ______________________

Business Address: ____

City: ____________ State: ________ Zip Code: ________ Website: ______________

Phone: ______________________ Email: ______________________

Practice Type: ☐ MD ☐ DC ☐ DO ☐ PA ☐ ND ☐ NP ☐ RD

Other (Please list): PharmD or RPh

Credentials (NPI or Other License): ______________ Weekly Patient Volume: __________

New to Genetic Testing? ☐ Yes ☐ No Other Labs Services Currently Using? __________

Would you like to be featured on our Find a Provider page? ☐ Yes ☐ No

Who can we thank for the referral?: Lisa Faast

Account Holder Signature: ______________________ Date: __________

CREDITCARDAUTHORIZATIONINFORMATION

Please note: Upon approval, you will be charged a $15 Welcome Kit fee that will be applied to your account as a credit for future payments.

Credit Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Holder Name: ____

Credit Card Number: ____

Expiration Date: __________ CVV: __________ Billing Zip Code: __________

By signing above, I hereby authorize GX Sciences to charge my card above for provider payments. I understand that my information will be saved on file for future transactions on my account.