## REQUEST FOR ONLINE BIO-TEST RADIOLOGY PORTAL ACCOUNT SET-UP



This form must be completed in its entirety when requesting the activation of an account for Bio-Test's online portal to access radiology reports and images. Please complete one form per physician and fax it back to us at 613-789-7033.

DATE OF RE	QUEST: _				
PHYSICIAN I	NAME & AD	DDRESS:			
TELEDITONE	NO		<del> </del>		
TELEPHONE	NO	· · · · · · · · · · · · · · · · · · ·			
FAX NO					
SIX (6) DIGIT	BILLING N	IO			
PHYSICIAN I	E-MAIL ADI	ORESS:			
Do you wish to b	e alerted via e-	mail every time a radiolog	gy report is general	ted online at the C	GP Portal website?
YES	NO	(circle one only)			
		IAN AUTHORIZING			

The activation of a RADIOLOGY PORTAL ACCOUNT from Bio-Test Laboratory will be alerted to you via e-mail. Please ensure it is recorded above.