Shasta County Public Health Laboratory Web Portal Application

Facility Information

Name:			
Address:	City:	State:	Zip:
Phone Number:			
Fax Number			
County:			

Ordering Provider Information

Provider:	NPI #:
Provider:	NPI #:
Provider:	NPI #:
Provider:	NPI #:
Provider:	NPI #:
Provider:	NPI #:
Provider:	NPI #:
Provider:	NPI #:
Provider:	NPI #:
Provider:	NPI #:

Web Portal User Information

Name:	Email Address:	Phone Number:
Name:	Email Address:	Phone Number:
Name:	Email Address:	Phone Number:
Name:	Email Address:	Phone Number:
Name:	Email Address:	Phone Number:
Name:	Email Address:	Phone Number:
Name:	Email Address:	Phone Number:
Name:	Email Address:	Phone Number:
Name:	Email Address:	Phone Number:
Name:	Email Address:	Phone Number:

For Official Use Only
Date Received:
Date Inputted Into Portal:
Inputted Into Portal By (initials):