



Macula Risk is a combined prognostic and pharmacogenetic (Vita Risk) DNA test designed to determine a patient's risk of progression to advanced Age-related Macular Degeneration (AMD) and aid in the selection of appropriate eye vitamins for AMD based on his or her individual genetic risk profile.

Provider Registration Form

***** FAX: 1 (866) 964-5184 *****

Clinic Information (PLEASE PRINT CLEARLY) – Location where Patient Test Reports will be mailed

| | | | |
|---|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | | |
| Practice Name | Website | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | City | State | Zip |
| <input type="text"/> | <input type="text"/> | | |
| Office Phone | Office Fax | | |
| <input type="text"/> | <input type="text"/> | | |
| Practice Administrator / Office Manager | Email | | |

| | |
|---|--|
| Is your clinic part of a Group Purchasing Organization? (Please list) | Is your clinic part of a multi-clinic structure? |
| <input type="text"/> | YES <input type="checkbox"/> |
| | NO <input type="checkbox"/> |

Doctor Information (Please list all Doctors and indicate appropriate specialty) *Required fields

Specialty #: (1) Retina Specialist (2) General Ophthalmologist (3) Optometrist

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Doctor's Name * | Specialty # * | Email * | NPI * |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Doctor's Name * | Specialty # * | Email * | NPI * |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Doctor's Name * | Specialty # * | Email * | NPI * |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Doctor's Name * | Specialty # * | Email * | NPI * |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Doctor's Name * | Specialty # * | Email * | NPI * |

For Office Use Only - Representative:

Customer Service: 866-964-5182 · Email: customerservice@macularisk.com · Web: www.macularisk.com
Testing Kits will be shipped upon receipt of this registration form.