

*VEERINDER (VINNY) TANEJA, MBBS; MPH
PUBLIC HEALTH DIRECTOR*



*CATHERINE A. COLQUITT, M.D.
LOCAL HEALTH AUTHORITY & MEDICAL
DIRECTOR*

*TARRANT COUNTY PUBLIC HEALTH
Accountability · Quality · Innovation*

In an effort to better serve your company, the North Texas Regional Laboratory requires accurate information for contact and billing purposes. Please complete the requested information below:

Company: _____

Telephone #: _____ Fax #: _____

Contact Name (s): _____

Billing Address: _____

Email Address: _____

How would you like to be invoiced? E-mail Paper Invoice Both

Purchase Order Number; (Please update PO when funds are expended or at the beginning of the new fiscal year.) : _____

You can either fax it to (817) 321-4790 or email it to me at the email address below.

Reminders:

Please keep us informed of any changes to your company information, it is very important to keep this data current.

Payments must be received within 30 days upon receipt of invoice. If payments become more than 30 days past due, your account may lose its billing privileges.

Thank you,
Lauren Europe
Administrative Assistant IV
North Texas Regional Laboratory
(817) 321-4756
leeurope@tarrantcounty.com

FOR OFFICE USE ONLY:

Updated client file on:

DATE



Public Health



A PHAB
Accredited
Health
Department