

PRACTICE	REQUESTING CLINICIAN	DATE COLLECTED	LAB USE ONLY
CLIENT #: 600600	LAB MESSAGE		

PATIENT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE OF BIRTH _____ SEX _____ PHONE _____

PAYMENT: CHECK _____ CREDIT CARD _____

CREDIT CARD _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER _____

CARD NUMBER _____ SECURITY CODE _____

EXPIRATION DATE _____ (mm/yy) NAME ON CARD _____



CHECK OFF TEST(S) TO BE PERFORMED. NO TEST CHECKED OFF WILL DELAY RESULTS.

_____ **NARES (NASAL) CULTURE EVALUATION WITH ID AND ANTIBIOTIC SUSCEPTIBILITIES (INCLUDES MARCoNS AND OTHER BACTERIA): \$100.00 (US)**
RESULTS ARE USUALLY READY WITHIN 10 DAYS

_____ **NARES BACTERIAL CULTURE EVALUATION INCLUDING BIOFILM IF MARCoNS POSITIVE: \$115.00 (US) *if above RESULT is NON MARCoNS charge is \$100.00 (US)***
RESULTS ARE USUALLY READY WITHIN 10 DAYS

_____ **FUNGAL CULTURE (NASAL) EVALUATION WITH ID (INCLUDES MOLD AND YEAST): \$95.00 (US)**
RESULTS TAKE UP TO 30 DAYS BUT WITHIN THOSE 30 DAYS IF THERE IS GROWTH IT IS IDENTIFIED AND REPORTED

PAYMENT IS REQUIRED AT THE TIME OF SERVICE; RESULTS WILL NOT BE RELEASED UNTIL PAYMENT IS RECEIVED AND I UNDERSTAND THAT NO BILL WILL BE SENT TO MY INSURANCE COMPANY. THE COST FOR THE BACTERIAL CULTURE EVALUATION IS \$100 US DOLLARS. BIOFILM TESTING FOR POSITIVE MARCoNS IS AN ADDITIONAL \$115 US DOLLARS. A FUNGAL CULTURE IS \$95 US DOLLARS. BY SIGNING BELOW, I AGREE TO THESE TERMS.

PATIENT SIGNATURE _____ DATE _____

IT IS RECOMMENDED TO ORDER ALL THREE TESTS ABOVE FOR A COMPREHENSIVE WORKUP