

Tel: 1-781-276-4956

Microbiology Dx, Inc.

Dr. J.D.Musto, DABB, BCIC

Fax: 781-275-6236

19A Crosby Drive, Suite 215, Bedford, MA 01730

President & Lab Director

CLIENT	REQUESTING PHYSICIAN	DATE COLLECTED	LAB USE ONLY
Client Name _____ Address _____ City, State, Zip _____ Phone _____ <div style="text-align: right;">600600</div>	LAB MESSAGE		

PATIENT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE OF BIRTH _____ SEX _____ PHONE _____

CLIENT BILL _____

CREDIT CARD _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____

CARD NUMBER _____ SECURITY CODE _____

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



THIS NASAL CULTURE EVALUATION IS BEING PERFORMED AS PART OF A DIAGNOSTIC STUDY. IT HAS BEEN ORDERED BY MY PHYSICIAN OR HEALTH CARE PROFESSIONAL AND IS NOT REIMBURSABLE FROM MY HEALTH INSURANCE. I UNDERSTAND THAT NO BILL WILL BE SENT TO MY INSURANCE COMPANY AND THAT PAYMENT IS REQUIRED AT THE TIME OF SERVICE. THE COST FOR A NASAL CULTURE EVALUATION WILL BE \$85 US DOLLARS. A FUNGAL CULTURE IS \$80 US DOLLARS. BY SIGNING BELOW, I AGREE TO THESE TERMS.

_____ NARES (NASAL) CULTURE EVALUATION WITH ID AND ANTIBIOTIC SUSCEPTIBILITIES (INCLUDES MARCoNS AND OTHER BACTERIA): \$85.00 (US)

_____ FUNGAL CULTURE (NASAL) EVALUATION WITH ID (INCLUDES MOLD AND YEAST): \$80.00 (US)

PATIENT SIGNATURE _____

DATE _____

IT IS RECOMMENDED TO ORDER BOTH CULTURES FOR A COMPREHENSIVE WORKUP.