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President & Lab Director

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

PATIENT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE OF BIRTH _____ SEX _____ PHONE _____

PAYMENT: CHECK _____ CREDIT CARD _____

CREDIT CARD _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____

CARD NUMBER _____ SECURITY CODE _____

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

THIS 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 BACTERIAL CULTURE EVALUATION WILL BE \$85 US DOLLARS. BIOFILM TESTING FOR POSITIVE MARCONS IS AN ADDITIONAL \$100 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)

_____ NARES BACTERIAL CULTURE EVALUATION INCLUDING BIOFILM: \$185.00 (US) *If MARCoNS is negative, charge is \$85.00 (US)*

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

PATIENT SIGNATURE _____

DATE _____

IT IS RECOMMENDED TO ORDER NARES BACTERIAL AND FUNGAL CULTURES FOR A COMPREHENSIVE WORKUP.