



ALLETSS MEDICAL LABORATORY

CLIA #22D0080258

14 Howard Street, Rockland, MA 02370

PHONE: 781.871.4426 FAX: 781.871.4182 | www.foodallergy.com

STANDING ORDER

032218

Clinic Name:		
Physician Name:		
NPI#:		
Address:		
City/Town:		
State:	Zip/Postal Code:	Country:
Tel#:		Fax#:

I, _____
(Print Name)

approve Alletess Medical Laboratory to perform testing on patients from my practice.

I meet all state licensure requirements and I am authorized to order clinical laboratory testing.

Completing and signing this form allows Alletess to receive samples, test orders and to perform testing for the physician listed above in the absence of a signed requisition.

Standing orders will be kept on file for 180 days and can be renewed at the time of expiration.

Signature: _____

Date: _____