



ALLETLESS MEDICAL LABORATORY

CLIA #22D0080258

14 Howard Street, Rockland, MA 02370

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

ACCOUNT AGREEMENT | CANADA AND U.S.A. (EXCLUDING NEW YORK)

091418

Practitioner Last Name:		Practitioner First Name:		Professional Degree:	
NPI#:		Professional License #:		State License Issued:	
Clinic Name:					
Email:		Phone:		Fax:	
Address:					
City/Town:			State:	Zip/Postal Code:	Country:
Accounts Payable Dept. Contact:		Accounts Payable Phone:		Accounts Payable Email:	

I confirm that I, _____, meet all state licensure requirements and am authorized to order clinical laboratory testing.

Signature: _____ Date: _____

Complimentary Test Kits Requested:

Serum: 2 4

All of our tests can be run using serum.

Finger Stick: 2 4

The 96/184 IgG food sensitivity and the Candida IgG, IgA, IgM tests are available as finger stick (dried blood spot).

Additional test kits can be ordered through the clinicians portal on our website, www.foodallergy.com, or by fax or phone.

Test Result Delivery:

Electronic PDF
Clients will be emailed when test results are released and available for download through ShareFile, a secure, cloud-based, HIPAA compliant platform.

or

Hard Copy
Results are mailed via United States Postal Service.

Payment Options:

Please choose preferred option

Patient Prepay
Payment must be submitted with the sample.

Bill to Clinician
Mastercard, Visa or Discover. Your credit card will be charged when the first sample is received to establish credit.

Card #:	
Name on Card:	Exp. Date:
Signature:	

Please tell us how you heard of Alletess Medical Laboratory:

Colleague _____
Referring Colleague

Conference/Seminar _____
Details of Conference/Seminar

Patient

Online Search