



# ALLETSS MEDICAL LABORATORY

CLIA #22D0080258

14 Howard Street, Rockland, MA 02370

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

## ACCOUNT AGREEMENT | INTERNATIONAL

091418

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

I confirm that I, \_\_\_\_\_, meet all 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