

ALLETESS MEDICAL LABORATORY

CLIA #22D0080258

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ACCOUNT AGREEMENT | INTERNATIONAL

					07162
Practitioner Last Name: Practitioner F		Practitioner First Name:		Professional Degree:	
Professional License #:			Country License was Issued:		
Clinic Name:					
Address:					
City/Town:			State/Province:	Zip/Postal Code:	Country:
Email: Phone:		Phone:		Fax:	
Accounts Payable Dept. Contact: Account		Accounts Payable Pho	ne:	Accounts Payable Email:	
Serum: 2 All of our tests can be run using seru Finger Stick: 2 The 96/184 IgG food sensitivity and lests are available as finger stick (di	□ 4 the Candida IgG, IgA, Ig	website, value Test colle internation	www.foodallergy.c	om, by fax or by pho ed to your office at o onsible for the costs	no cost, however,
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			Payment: Bill to Clinician Mastercard, Visa or Discover. Your CC will be charged to establish credit on receipt of the first sample. You will be invoiced monthly thereafter. Card #:		
			Signature:		I
Please tell us how you	heard of Allete	ess Medical Lak	poratory:		
⊋ Patient		gue	-		
			Refer	rring Colleague	
☐ Online Search	☐ Confer	ence/Seminar	nar		
Signature (REQUIRED)					
I confirm that I,(print name)				, meet all sto	ate licensure requiremen
and am authorized to orde	er clinical laborato	ry testing.			
Signature:				Date:	