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President & Lab Director

CLIENT	REQUESTING PHYSICIAN	DATE COLLECTED	LAB USE ONLY
Physician _____ Address _____ City, State, Zip _____ Phone _____ 600600			
LAB MESSAGE			

PATIENT NAME _____ PATIENT EMAIL _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE OF BIRTH _____ SEX _____ PHONE _____

PAYMENT: CHECK _____ CREDIT CARD _____

CREDIT CARD _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER _____

CARD NUMBER _____ SECURITY CODE _____

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

CHECK OFF TEST(S) TO BE PERFORMED. NO TEST CHECKED OFF WILL DELAY RESULTS.

____ **NARES (NASAL) CULTURE EVALUATION WITH ID AND ANTIBIOTIC SUSCEPTIBILITIES (INCLUDES MARCoNS AND OTHER BACTERIA): \$85.00 (US)**
Results are usually ready within 7 days

____ **NARES BACTERIAL CULTURE EVALUATION INCLUDING BIOFILM IF MARCoNS POSITIVE: \$185.00 (US) *if above RESULT is NON MARCoNS charge is \$85.00 (US)***
Results are usually ready within 7 days

____ **FUNGAL CULTURE (NASAL) EVALUATION WITH ID (INCLUDES MOLD AND YEAST): \$80.00 (US)**
Fungal cultures can take up to 30 days but within those 30 days if anything grows out it is reported

PAYMENT IS REQUIRED AT THE TIME OF SERVICE, RESULTS WILL NOT BE RELEASED UNTIL PAYMENT IS RECEIVED AND I UNDERSTAND THAT NO BILL WILL BE SENT TO MY INSURANCE COMPANY. THE COST FOR THE BACTERIAL CULTURE EVALUATION IS \$85 US DOLLARS. BIOFILM TESTING FOR POSITIVE MARCONIS IS AN ADDITIONAL \$100 US DOLLARS. A FUNGAL CULTURE IS \$80 US DOLLARS. BY SIGNING BELOW, I AGREE TO THESE TERMS.

PATIENT SIGNATURE _____ DATE _____

IT IS RECOMMENDED TO ORDER ALL THREE TESTS ABOVE FOR A COMPREHENSIVE WORKUP