

PLEASE HAVE VALID ID AND PRINT LEGIBLY

1.) Patient Info		
First Name	Last Name	
Date of Birth	Phone Number	
Method of Payment	Previous Patient?	
Insurance Cash / Credit Uninsured Medicare Medicaid Tricare	Yes	No
E-Mail For RESULTS	Sex	Male Female
City, State	Street Address	
Insurance Carrier	Zip Code	
Group #	Name of Parent / Guardian (if filling for minor)	
Policy Holder / Subscriber	Member ID / Policy #	
Driver's License Number	Relation to Policy Holder	
	Self	Spouse Dependant
	SSN (IF MEDICAID OR FILLING HRSA FORM)	

*** If NO insurance AND unable to pay, STOP and ASK staff for HRSA form IF U.S. RESIDENT (must have SSN)***

2.) Pick your test / vaccine

COVID-19 RAPID ANTIGEN TEST
 2 HOUR results via EMAIL: Phone call IF positive

COVID-19 PCR TEST
 Same day results via EMAIL: Weekdays only or \$250 expedite fee for WEEKEND results
 Most accurate for covid detection

COVID-19 ANTIBODY TEST
 2 HOUR results via EMAIL
 Blood sample for detection of short term and long term covid-fighting antibodies

COVID-19 Vaccine - Choose type and circle dose

<input type="checkbox"/> Pfizer	Dose #1	Dose #2	Booster
<input type="checkbox"/> Moderna	Dose #1	Dose #2	Booster

NOT COVERED BY INSURANCE:

<input type="checkbox"/> Strep Test (\$29.99) <input type="checkbox"/> Flu A/B Test (\$39.99) <input type="checkbox"/> Covid - Flu A/B Combo (\$39.99) <input type="checkbox"/> Mononucleosis (\$29.99) <input type="checkbox"/> RSV (\$34.99) <input type="checkbox"/> Pregnancy Test (\$19.99) <input type="checkbox"/> Urine Drug Screen (\$34.99)	<div style="border: 2px solid black; border-radius: 25px; width: 150px; height: 100px; background-color: #f08080; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>Parking Spot #</p> </div>
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3.) Place clipboard on your DASHBOARD

*** LAB USE ONLY ***

INITIALS	SPECIMEN ID / LOT NUMBER
TIME / DATE	RESULTS