

Fry Laboratories, L.L.C.
CLIA # 03D1026968
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Scottsdale, AZ 85260

Phone: 1-866-927-8075

www.frylabs.com

Fax: 480-656-4932

Kit Ordering Form — \$15.00

Instructions: Please complete ALL of the fields below. The cost for a kit is \$15.00 (includes shipping) unless the kit is ordered by your physician, in which we will send the kit directly to your physician *free of charge*. Payment for kits must be received before we complete the order. Once the order is completed, please allow 7-10 days to receive your kit.

Faxed Orders: For fax orders we accept Visa or Mastercard only. After completing the following, fax the order form to the number above. If using a fax cover letter, please make sure it says, "Attn: Fry Laboratories".

Mailed Orders: For mail orders we accept Checks, Visa or Mastercard. After completing the following, mail your check along with your form to the above address. Please note that mailing kit orders can delay processing.

***International Kit Orders: Please call the toll free number above for a quote.

of Kits: _____

Today's Date: _____

Your Physician's Information

Your Physician: _____ Office phone number: _____

Facility Name: _____ Office Fax Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Patient Information

Last Name: _____ First name: _____ M.I. _____

Gender: Male Female (circle one) Date of Birth: _____

Street Address: _____ Patient Phone Number: _____

City: _____ State: _____ Zip: _____

Payment Information — Please COMPLETE the following:

***Payment for kit order must accompany this form

(please circle one) CHECK OR VISA OR MASTERCARD

Name on Card: _____ Expiration Date: _____

Credit Card Number: _____ Security Code: _____

Signature: _____ Billing Zip Code: _____