

**FRY LABORATORIES, L.L.C.-Requisition (Dental)**

14807 N. 73rd Street, Suite 103 Scottsdale, AZ 85260

(866)927-8075 (480)656-4932 fax frylabs.com CLIA#03D1026968

\_\_\_\_/\_\_\_\_/\_\_\_\_  
LAB BILL NP**LAB USE ONLY**

v07.14.2017d

**Physician**

Physician Name: \_\_\_\_\_

Facility / Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Physician's Signature / Stamp

**Patient**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender:  male  female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_**Payment Information**Payment Source:  Patient  Referring Laboratory  
 Physician  Other: \_\_\_\_\_Payment Method:  Check  Master Card  VISA  
 Discover  American Express

Name On Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_ Billing Zip: \_\_\_\_

Signature for Credit Card

**Insurance****Fry Laboratories, L.L.C. does not accept dental insurance.****Dx**

ICD-10 Codes: \_\_\_\_\_

Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

**Pan-Bacterial (Bacteria/Archaea) DNA Analysis**

Identifies relevant bacterial genus/species and relative abundances. \$1,295

**Pan-Eukaryotic (Protozoa/Fungi) DNA Analysis**

Identifies relevant protozoal and fungal genus/species and relative abundances. \$1,295

Please Indicate Sample Type:

Tooth	Tissue	Blood
Sputum	Bone	Abscess
Organ: _____	Fluid: _____	Other: _____

**Notes**

Fry Laboratories does not accept samples drawn/obtained in the state of New York. Some tests use components that are for Research Use Only. Please visit our website for more information about each assay. This requisition is for blood samples only. Please submit non-tissue samples using the appropriate requisition and sample kit. Please note that incomplete requisitions may result in the delay or inability to complete the test order.