

**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**

v04.09.2018d

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.

Pan-Eukaryotic (Protozoa/Fungi) DNA Analysis

Identifies relevant protozoal and fungal genus/species and relative abundances.

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.