

Parasitology Center, Inc.
11445 E. Via Linda, # 2-419
Scottsdale, AZ 85259 (480) 767-2522 Fax: (480) 767-5855

Laboratorio Analisis Clinicos
Av. Obregon 28-9
Nogales, Sonora, Mexico

REQUISITION FOR PARASITOLOGICAL DIAGNOSIS

SPECIMENS WILL BE PROCESSED ONLY WHEN ACCOMPANIED BY THIS COMPLETED FORM

HOW DID YOU HEAR ABOUT US? _____

LAST 4 OF SOCIAL SECURITY NO. _____ **THIS LAB IS NOT A MEDICARE PROVIDER.**

LAST NAME _____ FIRST NAME _____ MI _____

DATE OF BIRTH _____ MALE _____ FEMALE _____ HEIGHT _____ WEIGHT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

PAYMENT: PRE-PAID ORDER# _____ CHECK _____ CREDIT CARD _____ BILL DR'S OFFICE* _____

CREDIT CARD # _____ EXP. DATE _____ CV2 CODE _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE _____

CITY _____ STATE _____ ZIP CODE _____

HEALTH CARE PRACTITIONER _____ BUS. PHONE _____

ADDRESS _____ FAX _____

CITY, STATE, ZIP _____ EMAIL _____

SPECIMEN COLLECTION DATES/COLLECTION SITE:

FIRST STOOL SAMPLE _____ SWAB _____ FROM _____

SECOND STOOL SAMPLE _____ ID _____ FROM _____

BLOOD _____ OTHER _____ FROM _____

HISTORY AND EXPOSURE

FOREIGN TRAVEL (countries & dates within last 5 years.) _____

SYMPTOMS: _____

PAST INFECTIONS & TREATMENTS (most recent first): _____

OTHER HOUSEHOLD MEMBERS INFECTED: _____

*** IN ORDER TO BILL DR., THEIR OFFICE MUST HAVE A CONTRACTUAL ACCOUNT SIGNED WITH US.**

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