

Enterolab Fax Order Form for Patient of Dr. Daniel Schlenger

Please fill in the information requested below and fax to Enterolab at 214-341-9522.

Name: _____ Date: _____

Address: _____ Sex: M _____ F _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Age: _____ DOB: _____

Use of this form gives consent to send these results to practitioner. Please initial acknowledgement of \$50 cancelation fee: ()

Name on credit card: _____ Card type: (MasterCard or Visa only)

Card number: _____ Exp date (mo/yr): _____ CVV#: _____

Billing address for credit card: _____

Tested with Enterolab in Past? No: _____ Yes: _____ (when?) _____

Tests Ordered (All orders require an additional \$29.00 shipping and materials fee)

Table listing various tests and their prices, including Comprehensive Gluten/Antigenic Food Sensitivity Stool Panel, Gluten/Antigenic Food Sensitivity Stool Panel, and others.

Please allow up to 3 weeks from the day that we receive your returned specimen to obtain test results.