



## Patient Test Kit Order Form

Name:			<b>Spirochete Testing Kits</b>				
Physical Address:			# of Kits:	\$50.00/test kit <small>Kit charge is for non-healthcare practitioners. This charge will be subtracted from the total test bill.</small>	Total amount to be charged to Credit Card: \$		
City:	State:	Zip:	Private Payment Information:	Visa	MC	Discover	AMEX
Phone:			Card Number:				
2 <sup>nd</sup> Phone:			Expiration Date:		Security Code:		
Email:			Name on Card: (Print)				
Comments:			Signature:				
Where did you hear about Spiro Stat Technologies?							
<i>*Health Care Practitioners are not charged for test kits. Please call and set up an account to have test kits drop shipped to patients.</i>							
Please print for your records: Please fax to 806-885-2933 or E-mail to <a href="mailto:test@spirostat.com">test@spirostat.com</a>							