

## Lab Analysis Form

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

Address: \_\_\_\_\_

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

Phone (with area code): \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: Website / Friend / Doctor / Other

\_\_\_\_\_

- I would like to receive my lab results online.
- I would like to receive my lab results by email.
- I would like to receive my lab results by regular mail.

If you choose to receive your lab results online, you will receive a notification via email that your lab report is ready to be viewed.

### PAYMENT INFORMATION:

Total # of plates: \_\_\_\_\_ @ \$30.00 each = \$\_\_\_\_\_

Visa  MasterCard  Discover  American Express

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CID: \_\_\_\_\_

Enclosed is my check made payable to Tennessee Mold Consultants.

### Very Important:

This form **MUST** be mailed back with the test plate(s) so they are processed properly and analyzed in a timely manner. Please contact us **IMMEDIATELY** if this form is not returned with the test plate(s). Tennessee Mold Consultants **WILL NOT** be responsible nor replace lost test plate(s) if this form is not returned with the test plate(s).

\*\*\*\*\* Please allow 7 to 10 days to process your lab results. \*\*\*\*\*