540 Bordentown Avenue, Suite 2300
South Amboy, NJ, 08879 USA
Tel: 1-732-721-1234 Fax: 1-732-525-3288
www.hdri-usa.com / info@hdri-usa.com

TEST KIT ORDER FORM

Date of Order: ______________

Name: ____

(Doctor) (Clinic or Lab) (Patient)

Address: ____

City, State, Zip: ____

Phone: ___________________________________**Fax:** _____________________________

e-mail: ____

How would you prefer to get results (For Doctors)? ☐ **Fax** ☐ **e-mail**

Kit(s) requested:

Kit Name: ____________________________________ **Qty.**____________

Kit Name: ____________________________________ **Qty.** ____________

Kit Name: ____________________________________ **Qty.** ____________

Kit Name: ____________________________________ **Qty.** ____________

Kit Name: ____________________________________ **Qty.** ____________

For urinary tests please specify type of the test (random or 24hr) or call our office with questions.

PRACTICING LICENSE MUST BE ON FILE IN ORDER TO RECEIVE KITS

Please copy this form and send it either by email or by fax (provided on a bottom of the form) to us whenever you wish to order kits. Test Kit requests will be processed generally within two days of receipt and will be sent by

____ ground shipping

____ priority shipping (2-3 days)

____ ground shipping to residential address ($10) at extra cost of client

Credit Card No.: ______________________________ **Exp. Date** _________

E-mail: lab@vitdiag.com Fax 732-525-3288 Web : www.hdri-usa.com

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