

ENVIRONMENTAL CREDIT CARD AUTHORIZATION

Physician Referral

(TO BE FILLED OUT BY THE PATIENT/CARD HOLDER)

Completing this form authorizes RealTime Laboratories, Inc.(RTL) to charge the following credit card for services and/or purchases at RTL until the card owner notifies RTL that the authorization is no longer valid. The charge will be in U.S. dollars. I accept responsibility for payment of all charges incurred and placed on this credit card by RealTime Laboratories, INC.

Bill to Name as it appears on the credit card: (PRINTED):

_____ (PHONE): ____ - ____ - _____

Patients Name: __ Same as above __ Other:

Last _____ (PRINTED) First _____ (PRINTED)

Credit Card: Visa / MasterCard / American Express / Discover / Health Savings Account

Number: _____ **Expiration Date:** _____ / _____
(Month) (Year)

Credit Card billing address: (PRINTED)

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code _____ Country: _____

I understand that all test(s) must be PREPAID:

- Total Environmental Mycotoxin Panel: \$199**
- Other test# _____ \$ _____**

*We are unable to send emails containing private health information without written consent by the patient/responsible party. If you would like your paid receipt/invoice emailed to you please request by adding your email here: _____.

Authorization Signature: _____ **Date:** _____

TO BE COMPLETED BY REALTIME LAB PERSONNEL

DATE: _____ **PERSONNEL INITIALS:** _____ **RTL ACCESION#** _____



NOTES: _____



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