



MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

INTERNATIONAL CLIENT / PATIENT CREDIT CARD SUBMISSION FORM

All international clients or patients must submit prepayment with specimens in the form of a major credit card or international money order in US dollars. Written physician's orders must accompany all specimens.

Name of Cardholder: _____

Address: _____

Phone: _____

Please check credit card payment type:

Visa Master Card Discover American Express

Account Number: _____

Expiration Date: _____

Amount to be charged: \$ _____

Signature: _____

For MDL Office Use Only - Please Do Not Write Below This Line

Auth: _____ *Initial / Date:* _____