

TRAVEL TEST PATIENT DEMO FORM

DOCTORS ON CALL** MAUI'S URGENT CARE

3350 LOWER HONOAPIILANI, STE 211 LAHAINA, HI 96761*** 22 HANA HWY, KAHULUI HI 96732*** 3750 WAILEA ALANUI DR, WAILEA 96753

NAME: _____
First MI Last

BIRTH DATE: _____ / _____ / _____ Male Female
MONTH DAY YEAR EX: Jan 01,2000

Mailing Address: _____

ZIP/City/State _____

Phone: _____

Email _____

Please print clearly, Doctors On Call is not responsible if we cannot read the email you write. PT Initial _____ Staff Verify Email: _____

Cardholder's Name _____ Authorized Signature _____

_____ (indicate how many tests) ABBOTT ID NOW MOLECULAR SARS rapid NAAT/LAMP Covid Test. (Same Day Results)

NO CLAIM FILING FOR ELECTIVE TRAVEL TEST. Initial _____

Additional notes. If you are paying for more than one test list NAMES AND BIRTHDATE In this format Month/Day/Year : ex: Jan 01, 1998

PLEASE CHECK YOUR EMAIL BEFORE YOUR FLIGHT FOR THE TEST RESULT. . IF THE RESULT IS NOT IN YOUR EMAIL, SPAM OR JUNK MAIL PLEASE CALL 808-679-1224

Signature (If a Minor, Responsible Party Signature):

Sign: _____ Date _____, 202__
MONTH DAY