EXPERIENCE AND RELIABILITY

LABORATORY SPECIMEN BOX POLICY

DATE: ____________

Account #: _______________

Account Name: ____

I UNDERSTAND AND AGREE THAT FLORIDA FAMILY LABORATORY HAS PROVIDED OUR MEDICAL FACILITY WITH THE FOLLOWING EQUIPMENT.

(# ___________) _____ $34.00

IT IS THE RESPONSIBILITY OF THE PHYSICIAN'S OFFICE OR THE FACILITY TO RETURN IN GOOD WORKING CONDITION, THE PROVIDED SPECIMEN BOX UPON TERMINATION OF LABORATORY SERVICES. IF NOT THE PHYSICIAN'S OFFICE OR THE FACILITY ARE LIABLE FOR COST'S OF THE BOX.

AGREEMENT ACCEPTED BY: ___________________________________

FACILITY OR PHYSICIAN'S OFFICE:
____

PRINT NAME: ______________________________________

DATE: _________ WITNESSED BY: ______________________________

PRESIDENT, MARKETING DIRECTOR
OR SALE ASSOCIATE ____

3830 Shipping Ave. Miami, FL 33146
Phone: 305-441-8858
Fax: 305-442-2569