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CANDIN[®]

Candida Albicans Skin Test Antigen for Cellular Hypersensitivity

NDC# 59584-138-01

CPT code 86485 – Administration of the Candin skin test

Customer Information:

Contact Name: _____

Company Name: _____

Bill to Address: _____

Ship to Address: _____

DEA #: _____ Physician's Signature: _____

Phone #: _____ Physician's Name: _____

Fax #: _____ Physician's License #: _____

Number of vials ordered _____ \$355.00 per vial + shipping

Purchase Order:

PO Number (if applicable): _____

Customer Credit Card Information:

Card Holder's Name: _____

(Please print full name)

Card Holder's Phone #: _____

Signature (Req. if using credit card): _____

Card # (Enter all digits): _____ VISA MasterCard American Express

_____ Expiration Date: _____

Security # (on back of card; 3 digits for Visa/MasterCard; 4 digits for Amer. Express) _____

Fax this form to: (858) 571-2759
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See www.nielsenbio.com for Full Prescribing Information