Returning patient?
YES / NO

1 Duncan Drive, Cranbury, NJ 08512
1-855-313-8181

www.omniadx.com

WINDSOR MEDICINE

Patient Name: _____ Phone: _____ DOB: _____
Gender: _____

E-mail: _____

Facility Email: **windsormedicine2004@gmail.com**

Reason for test: Symptoms Potential Exposure Pre-Operation Pre-Travel

Symptoms: _____ Other: _____

How did you hear about us ? _____

Tests	**Unit Price**	**Qty**	**Total**
C-19 PCR (Oral Swab)	$90		$0
C-19 PCR (Nasal Swab)	$90		$0
C-19 Rapid (Nasal Swab)	$90		$0

Car Make:
Car Color:
Car Model:
Patients in Car:

Line Item	Home Address Info	Insurance claims address/phone number
Number, Street Apt/Unit City, State, Zip Phone #		

Policy Holder Name, Relationship: _____ Policy Holder DOB: _____

Insurance Co.: _____ Group #: _____ Policy #: _____

Health Department Questionnaire	**Yes**	**No**	**Unknown**
1. Is this your first test?			
2. Employed in Healthcare?			
3. Have you been hospitalized due to COVID-19?			
4. Have you been to an Intensive Care Unit for COVID-19 symptoms?			
5. Are you Pregnant?			
6. Symptomatic as defined by CDC? **If Yes, then date of symptom onset - mm/dd/yy**			
7. Resident in a congregate care setting (including nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care, or other setting):			

OMNIA TO SHRED and DISPOSE AFTER PROCESSING

Payment Options:

1. Use QR code to the left to pay online with your credit card and provide proof of payment.

OR

2. Fill out credit card information below:
Only fill out below information if you have not paid online with QR code.

Cardholder Name:

Account Number:
Expiration Date: **CVV:**

Billing Address:
Same as: Current Address or Insurance?
Number, Street
Apt/Unit
City, State, Zip