

PAYMENT OPTIONS

IF PAYING BY CHEQUE OR WITH A CREDIT CARD OFFLINE

1. Print and fill in the ClarityDX Prostate Payment Authorization Form.
2. If you are paying by cheque, make it payable to **Nanostics Inc.**
3. Bring the Payment Authorization Form and cheque (if applicable) to your sample collection appointment.

IF PAYING BY CREDIT CARD ONLINE

1. Complete your online payment for the ClarityDX Prostate test
2. Print the ClarityDX Prostate test purchase receipt that was emailed to you.
3. Bring the printed receipt to your sample collection appointment.



www.nanosticsdx.com/clarity-dx-prostate/

Scan to access the Nanostics ClarityDX Prostate order webpage.

ClarityDX Prostate® Payment Authorization Form

ClarityDX Prostate Test	\$300
Shipping	\$ 0
Total Cost	\$300



PATIENT INFORMATION

Legal Last Name	_____	Street Address	_____																				
Legal First Name	_____	City/Town	_____																				
Date of Birth (e.g., 1960-Jan-01)	<table> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>M</td><td>D</td><td>D</td><td></td> </tr> </table>											Y	Y	Y	Y	M	M	M	D	D		Province	_____
Y	Y	Y	Y	M	M	M	D	D															
Referring Doctor	_____	Postal Code	_____																				
Doctor's Phone No.	_____	Phone Number	_____																				

PAYMENT INFORMATION

PAYING BY CHEQUE OR WITH A CREDIT CARD OFFLINE

- Paying by Cheque, or
- Paying by Credit Card
- MasterCard
- VISA
- Other: _____

Credit card number	_____/_____/_____/_____
Expiry date	____/____ Security code _____
Cardholder name	_____
Cardholder signature	_____
Date	_____

PAYING BY CREDIT CARD ONLINE

- Online Credit Card Payment

Order Number (found on your ClarityDX Prostate test ordering receipt): _____