



**Tel:** (858) 571-2726  
**Fax:** (858) 571-2759  
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**Email:** orders@nielsenbio.com

### CANDIN<sup>®</sup>

*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 #: \_\_\_\_\_

Numbers of vials ordered \_\_\_\_\_ \$210.00 per vial + shipping

#### Purchase Order:

PO Number: \_\_\_\_\_

#### 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**  
**or email to: [orders@nielsenbio.com](mailto:orders@nielsenbio.com)**

See [www.nielsenbio.com](http://www.nielsenbio.com) for Full Prescribing Information