



6134 Brandon Ave,
Springfield, VA 22150
(703) 644-0060

Please Complete All Information Below and
Email it to **azita@aandd-pharmacy.com**

First Name *

Last Name*

Date of Birth (MM/DD/YYYY) *

Gender *

Email *

Cellphone Number*

Street *

Apt. / Floor No.

City/State/Zip code *

Rapid COVID-19
Antigen Test
15 min | \$65

*** Required Info**

Have you had direct contact with someone who is confirmed to have COVID19?* Yes No

Have you been tested for COVID-19 in the last 30 days? * Yes No

Do you have a new onset cough? * Yes No

Do you have shortness of breath? * Yes No

Do you have a sore throat? * Yes No

Do you have a fever of 100 or greater? * Yes No

Do you have new onset muscle ache? * Yes No

Have you recently lost the ability to taste or smell? * Yes No

Please note there are NO REFUNDS for cancellations or missed appointments. If you are more than 15 minutes late, that is considered a missed appointment. Once an appointment is made, there is **no** refund and/or rescheduling allowed.

Check the box below to confirm you have read, understood, and agreed to the terms and conditions *

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By checking this box, I consent to being tested for COVID19 by A&D Pharmacy, which includes a nasal swab. Every lab test has a slight risk of a false negative or false positive result. The U.S. FDA has made the COVID-19(SARS-CoV-2) test by BD Veritor System available for use under an emergency access mechanism called an Emergency Use Authorization (EUA). *

Signature *

Date *
