



The laboratory test that you are having performed today fall under a special category as follows:

1. Cash / check / credit card payment is requested at the time of service. Insurance companies, Medicare and Medicaid will not accept billing for self-directed testing.
2. A copy of the results will be mailed to your home address and your medical provider listed below.
3. _____ *Initial* Notice of privacy practices have been disclosed to me.
4. You are responsible to consult a physician for interpretation and care if results are abnormal.
5. You are responsible to consult a physician for further care if the test results are normal and symptoms continue.

It is your responsibility to follow-up with a medical provider for diagnosis or treatment

I have read the above statements and consent to have my blood drawn. I had the opportunity to ask questions if needed and understand the meaning.

Signature: _____ Date: _____

Name: _____ Phone #: _____
 Last First Middle

Address: _____ City: _____ Zip Code: _____

Date Of Birth: _____ Sex: _____ Physician: _____

Only The Following Tests Are Allowed To Be Patient Self Requested

<input type="checkbox"/> Blood Group Typing	\$16.00
<input type="checkbox"/> Colon Cancer Screen (<i>stool specimen card</i>)	\$6.00
<input type="checkbox"/> Complete Blood Count (<i>CBC with auto differential</i>)	\$6.00
<input type="checkbox"/> *Comprehensive Metabolic Panel (<i>Blood Sugar, Liver, Kidney, Muscle, Heart function</i>)	\$17.00
<input type="checkbox"/> *Coronary Risk Profile (<i>HDL, LDL, VLDL, Calculated Risk, Cholesterol, and Triglycerides</i>)	\$17.00
<input type="checkbox"/> *General Health Panel (<i>Includes Coronary Risk Profile, CMP, CBC, and TSH</i>)	\$52.00
<input type="checkbox"/> Glycohemoglobin	\$28.00
<input type="checkbox"/> Insulin	\$34.00
<input type="checkbox"/> Iron	\$7.00
<input type="checkbox"/> Pregnancy Test (<i>Blood Test</i>)	\$19.00
<input type="checkbox"/> Prostate Specific Antigen (<i>PSA</i>)	\$17.00
<input type="checkbox"/> Protime / INR	\$23.00
<input type="checkbox"/> Thyroid Function Screen (<i>Free T4</i>)	\$20.00
<input type="checkbox"/> Thyroid Stimulating Hormone (<i>TSH</i>)	\$12.00
<input type="checkbox"/> Uric Acid	\$7.00
<input type="checkbox"/> Urinalysis (<i>UA</i>)	\$20.00

**12-14 hours fasting required, only water for these tests.*

PAID BY: CHECK CASH CREDIT CARD TOTAL: _____