



DIRECT ACCESS LAB TESTING

Testing Hours M-F, 7a.m. to 4:30p.m

NAME _____
(LAST) (FIRST) (M.I.)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

S.S# _____ DOB _____ SEX _____

PHONE # _____

EMAIL _____

THIS COLUMN FOR LAB USE ONLY

RESULT HANDLING:

____ MAIL ____ COPY TO MEDICAL RECORD

____ PICK-UP

____ WAIT FOR RESULTS

PAYMENT: (CASH/CHECK ONLY)

Received by: _____

Check # _____

I HAVE READ THE FOLLOWING INFORMATION AND UNDERSTAND:

- ANYONE UNDER AGE 18 MUST BE ACCOMPANIED BY A PARENT/GUARDIAN.
- TESTS ARE BEING PERFORMED AT YOUR REQUEST
- RESULTS WILL NOT BE SENT TO YOUR PROVIDER

SPECIMEN / CONDITIONS:

DATE COLL.: _____

TIME COLL.: _____

COLL BY: _____

SPECIMEN / TYPE:

____ FASTING

____ NON-FASTING

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

TEST/PRICE LIST

____	CBC (COMPLETE BLOOD COUNT)	\$25.00
____	Pregnancy Test (Serum or Urine)	\$20.00
____	Comprehensive Metabolic Panel**	\$35.00
____	Lipid Profile**	\$25.00
____	TSH	\$30.00
____	PSA	\$40.00

TEST/PRICE LIST

____	Urine Drug Screen	\$50.00
____	Blood Type (ABO & Rh)	\$25.00
____	Hemoglobin A1C	\$25.00
____	Glucose**	\$15.00
____	Free T4	\$30.00
____	Vitamin D	\$50.00

** Tests that require a fasting specimen

Critical results: If your results are critical, we will attempt to notify you as soon as possible using the telephone number that you provided. You should notify your provider *As Soon As Possible* to schedule an appointment.