

Direct Access Lab Testing

Testing Hours M-F, 7 am to 4:30 pm

Name: _____
 Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

SS #: _____ DOB: _____ Sex: _____

Phone #: _____

Email: _____

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

 Signature of patient or legal guardian

TEST/PRICE LIST

<input type="checkbox"/> CBC (Complete Blood Count)	\$30.00	<input type="checkbox"/> Urine Drug Screen	\$60.00
<input type="checkbox"/> Pregnancy Test (Serum or Urine)	\$25.00	<input type="checkbox"/> Blood Type (ABO & Rh)	\$25.00
<input type="checkbox"/> Comprehensive Metabolic Panel**	\$50.00	<input type="checkbox"/> Hemoglobin A1C	\$25.00
<input type="checkbox"/> Lipid Profile**	\$25.00	<input type="checkbox"/> Glucose**	\$20.00
<input type="checkbox"/> TSH	\$40.00	<input type="checkbox"/> Free T4	\$40.00
<input type="checkbox"/> PSA	\$50.00	<input type="checkbox"/> Vitamin D	\$50.00

**Tests that require fasting specimen

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 # _____

SPECIMEN/CONDITIONS:

Date Collected: _____

Time Collected: _____

Collected By: _____

SPECIMEN/TYPE:

Fasting

Non-fasting

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.