

Direct Laboratory Access Testing
Testing hours: Monday- Friday 7:30am - 5:00pm

<p>Name: _____ <i>Last</i> <i>First</i> <i>MI</i></p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>SS#: _____ DOB: _____ Sex: _____</p> <p>Phone: _____</p> <p>I have read the following information and understand.</p> <ul style="list-style-type: none"> ▪ Anyone under age 18 must be accompanied by a parent or guardian. ▪ Tests are being performed at your request. ▪ Results will not be forwarded to your physician, they will be sent directly to the address provided above. ▪ Abnormal results will be reviewed by a practitioner a letter of explanation will be included if necessary. 	<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> A1C</td><td style="text-align: right;">\$35</td></tr> <tr><td><input type="checkbox"/> ALT</td><td style="text-align: right;">\$18</td></tr> <tr><td><input type="checkbox"/> BMP (Basic Metabolic Panel)*</td><td style="text-align: right;">\$50</td></tr> <tr><td><input type="checkbox"/> CBC w/Differential</td><td style="text-align: right;">\$28</td></tr> <tr><td><input type="checkbox"/> Chemistry Profile* (CMP)</td><td style="text-align: right;">\$75</td></tr> <tr><td><input type="checkbox"/> Creatinine</td><td style="text-align: right;">\$18</td></tr> <tr><td><input type="checkbox"/> Free – T4</td><td style="text-align: right;">\$30</td></tr> <tr><td><input type="checkbox"/> Glucose*</td><td style="text-align: right;">\$18</td></tr> <tr><td><input type="checkbox"/> Hemoglobin</td><td style="text-align: right;">\$10</td></tr> <tr><td><input type="checkbox"/> Influenza A/B</td><td style="text-align: right;">\$90</td></tr> <tr><td><input type="checkbox"/> INR (Pro-Time)</td><td style="text-align: right;">\$20</td></tr> <tr><td><input type="checkbox"/> Lead</td><td style="text-align: right;">\$45</td></tr> <tr><td><input type="checkbox"/> Lipid Profile (Calculated LDL)*</td><td style="text-align: right;">\$35</td></tr> <tr><td><input type="checkbox"/> Pregnancy Test (Urine)</td><td style="text-align: right;">\$20</td></tr> <tr><td><input type="checkbox"/> PSA (Prostate Specific Hormone)</td><td style="text-align: right;">\$40</td></tr> <tr><td><input type="checkbox"/> Rapid Strep</td><td style="text-align: right;">\$75</td></tr> <tr><td><input type="checkbox"/> TSH (Thyroid Stimulating Hormone)</td><td style="text-align: right;">\$35</td></tr> <tr><td><input type="checkbox"/> Urine Drug Screen</td><td style="text-align: right;">\$72</td></tr> </table> <p><i>*fasting required</i></p>	<input type="checkbox"/> A1C	\$35	<input type="checkbox"/> ALT	\$18	<input type="checkbox"/> BMP (Basic Metabolic Panel)*	\$50	<input type="checkbox"/> CBC w/Differential	\$28	<input type="checkbox"/> Chemistry Profile* (CMP)	\$75	<input type="checkbox"/> Creatinine	\$18	<input type="checkbox"/> Free – T4	\$30	<input type="checkbox"/> Glucose*	\$18	<input type="checkbox"/> Hemoglobin	\$10	<input type="checkbox"/> Influenza A/B	\$90	<input type="checkbox"/> INR (Pro-Time)	\$20	<input type="checkbox"/> Lead	\$45	<input type="checkbox"/> Lipid Profile (Calculated LDL)*	\$35	<input type="checkbox"/> Pregnancy Test (Urine)	\$20	<input type="checkbox"/> PSA (Prostate Specific Hormone)	\$40	<input type="checkbox"/> Rapid Strep	\$75	<input type="checkbox"/> TSH (Thyroid Stimulating Hormone)	\$35	<input type="checkbox"/> Urine Drug Screen	\$72
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<p>This area for Laboratory use only:</p> <p>DLA _____</p> <p>Specimen Conditions: Collected by: _____</p> <p>Date Collected: _____ Time: _____</p> <p>Fasting? Yes No if yes duration: _____ hrs.</p> <p>Results Handling:</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Pick-up</p> <p><input type="checkbox"/> Will wait for results</p> <p>Payment</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Check # _____</p> <p><input type="checkbox"/> Credit Card</p> <p>Total Price: _____</p>	<p>Patient ID Labels</p>																																				
<p>Tell us how did you hear about Direct Lab Access:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Radio</td> <td><input type="checkbox"/> Facebook</td> </tr> <tr> <td><input type="checkbox"/> Newspaper</td> <td><input type="checkbox"/> Word of Mouth</td> </tr> <tr> <td><input type="checkbox"/> Posters</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Website</td> <td></td> </tr> </table>		<input type="checkbox"/> Radio	<input type="checkbox"/> Facebook	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Posters	<input type="checkbox"/> Other _____	<input type="checkbox"/> Website																													
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