

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

<p>Name: _____ <i>Last First 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 provider; they will be sent directly to the address provided above. ▪ Critical results will be reviewed by a provider; a letter of explanation will be included if necessary. ▪ When evaluating your health, your complete medical history must be considered. Laboratory testing is only one part of the evaluation. If you are not feeling well, we recommend you see your practitioner. <p>Signature: _____</p> <p>Date: _____</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> A1C</td><td align="right">\$35</td></tr> <tr><td><input type="checkbox"/> ALT</td><td align="right">\$18</td></tr> <tr><td><input type="checkbox"/> BMP (Basic Metabolic Panel)*</td><td align="right">\$50</td></tr> <tr><td><input type="checkbox"/> CBC w/Differential</td><td align="right">\$28</td></tr> <tr><td><input type="checkbox"/> Chemistry Profile* (CMP)</td><td align="right">\$75</td></tr> <tr><td><input type="checkbox"/> Creatinine</td><td align="right">\$18</td></tr> <tr><td><input type="checkbox"/> Free – T4</td><td align="right">\$30</td></tr> <tr><td><input type="checkbox"/> Glucose*</td><td align="right">\$18</td></tr> <tr><td><input type="checkbox"/> Hemoglobin</td><td align="right">\$10</td></tr> <tr><td><input type="checkbox"/> Influenza A & B</td><td align="right">\$150</td></tr> <tr><td><input type="checkbox"/> INR (Pro-Time)</td><td align="right">\$20</td></tr> <tr><td><input type="checkbox"/> Lead</td><td align="right">\$45</td></tr> <tr><td><input type="checkbox"/> Lipid Profile (Calculated LDL)*</td><td align="right">\$35</td></tr> <tr><td><input type="checkbox"/> Pregnancy Test (Urine)</td><td align="right">\$20</td></tr> <tr><td><input type="checkbox"/> PSA (Prostate Specific Hormone)</td><td align="right">\$40</td></tr> <tr><td><input type="checkbox"/> Strep A</td><td align="right">\$90</td></tr> <tr><td><input type="checkbox"/> TSH (Thyroid Stimulating Hormone)</td><td align="right">\$35</td></tr> <tr><td><input type="checkbox"/> Urine Drug Screen</td><td 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	\$150	<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"/> Strep A	\$90	<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? <input type="checkbox"/>Yes <input type="checkbox"/>No if yes duration: _____ hrs.</p> <p>Results Handling: <input type="checkbox"/> Mail <input type="checkbox"/> Pick-up</p> <p>Payment <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____</p> <p>Total Price: \$ _____</p>	<p>Patient ID Labels</p>																																				