



**CLIENT: Heart Month Health Fair**  
 Portneuf Medical Center Laboratory  
 777 Hospital Way.  
 Pocatello, ID. 83201  
 208-239-1671  
 Accn: \_\_\_\_\_

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

1. Cash/check payment is requested at the time of service. Insurance companies, Medicaid and Medicare will **not** accept billing for self-directed testing.
2. Tests will be sent to a physician if requested. Only the patient requesting the tests will be given the test results. Results will be mailed to your home address. Results will be mailed to your home address. Sign up today at **Portneuf.org/mychart**
3. 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 contact a physician for further care if the test results are normal and symptoms continue. The lab staff cannot diagnose or treat patients.

\_\_\_\_\_  
 Initials

I consent to having these tests done. I have read the above statements and consent to have my blood drawn. I had an opportunity to ask questions if needed and understand their meaning.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Last                      First                      Middle

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Physician \_\_\_\_\_

<u>TEST REQUESTED</u>	<u>Test #</u>	<u>Cost</u>	<u>PLEASE CHECK THE TEST(S) DESIRED</u>
<input type="checkbox"/> <b>**Valentine Heart Lab (Coronary Risk Profile, Glucose)</b>	(LAB18, LAB10322)	\$20.00	_____
<input type="checkbox"/> <b>**Coronary Risk Profile.....</b> (HDL, LDL, VLDL, Cholesterol and Triglycerides ) Cholesterol/HDL Ratio Interpretation <b>**12-14 hours fasting required for these tests.</b>	(LAB18)	\$16.00	_____
<input type="checkbox"/> Comprehensive Metabolic Panel (Chemistry Profile) .....	(LAB12623)	\$11.00	_____
(Blood Sugar, Liver, Kidney, Muscle and Heart Function)			
<input type="checkbox"/> Complete Blood Count (CBC) .....	(LAB12089)	\$5.00	_____
<input type="checkbox"/> Thyroid Stimulating Hormone (TSH) .....	(LAB129)	\$11.00	_____
<input type="checkbox"/> <b>**COMBINATION OF THE CORONARY RISK PROFILE, CHEMISTRY PROFILE, CBC AND TSH .....</b>		\$43.00	_____
<b>**12-14 hours fasting required for these tests.</b>			
<input type="checkbox"/> Thyroid Function Screen (Free T4) .....	(LAB127)	\$16.00	_____
<input type="checkbox"/> Iron.....	(LAB94)	\$5.00	_____
<input type="checkbox"/> Uric Acid .....	(LAB141)	\$5.00	_____
<input type="checkbox"/> A1c / Glycohemoglobin.....	(LAB90)	\$27.00	_____
<input type="checkbox"/> HIV Antibody.....	(LAB473)	\$22.00	_____
<input type="checkbox"/> Prostate Specific Antigen (PSA) .....	(LAB10562)	\$16.00	_____
<input type="checkbox"/> Insulin.....	(LAB828)	\$27.00	_____
<input type="checkbox"/> Colon Cancer Screen (Stool Specimen Card) .....	(LAB10523)	\$5.00	_____
<input type="checkbox"/> Vitamin D 25, Hydroxy.....	(LAB535)	\$18.00	_____
<input type="checkbox"/> Hepatitis C Antibody .....	(LAB868)	\$12.00	_____

Are you currently taking any medications? Yes \_\_\_\_ No \_\_\_\_

**TOTAL** \_\_\_\_\_

Payment \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_

Lab Sticker

Patient Registration Sticker