

Portneuf Medical Center Laboratory

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

1. Cash/check /Credit Card payment is requested at the time of service. Insurance companies, Medicaid and Medicare will **not** accept billing for self-directed testing.
2. A copy of the results will be mailed to your home address and your medical provider listed below.
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.
6. It is your responsibility to follow-up with a medical provider for diagnosis or treatment.

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 _____
 Name _____ Phone _____
Last First Middle
 Address _____ City: _____ Zip _____
 Date of Birth: ____/____/____ Sex: _____ Physician _____

ONLY THE FOLLOWING TESTS ARE ALLOWED TO BE PATIENT SELF REQUESTED

***12-14 hours fasting required for these tests.**

	Test #	Cost \$	Cost extended
<input type="checkbox"/> Blood Group Typing	LAB895	17.00	
<input type="checkbox"/> Colon Cancer Screen (stool specimen one card) Occult blood	LAB10523	6.00	
<input type="checkbox"/> Complete Blood Count (CBC with auto differential)	LAB12089	6.00	
<input type="checkbox"/> *Comprehensive Metabolic Panel (Blood Sugar, Liver, Kidney, Muscle, Heart function)	LAB17	18.00	
<input type="checkbox"/> *Coronary Risk Profile (HDL, LDL, VLDL, Calculated Risk, Cholesterol, and Triglycerides)	LAB18	18.00	
<input type="checkbox"/> CRP	LAB149	12.50	
<input type="checkbox"/> ESR (Sedimentation Rate)	LAB322	4.50	
<input type="checkbox"/> *General Health Panel.. (Includes Coronary Risk Profile, CMP, CBC, and TSH)		55.00	
<input type="checkbox"/> Ferritin	LAB68	11.00	
<input type="checkbox"/> Glycohemoglobin A1C	LAB90	30.00	
<input type="checkbox"/> Insulin	LAB828	37.00	
<input type="checkbox"/> Iron	LAB94	8.00	
<input type="checkbox"/> Pregnancy Test (Blood Test)	LAB144	21.00	
<input type="checkbox"/> Prostate Specific Antigen (PSA)	LAB10562	18.00	
<input type="checkbox"/> Prottime /INR	LAB320	25.00	
<input type="checkbox"/> Thyroid Function Screen (Free T4)	LAB127	22.00	
<input type="checkbox"/> Thyroid Stimulating Hormone (TSH)	LAB129	13.00	
<input type="checkbox"/> TIBC (Total Iron Binding Capacity- includes Iron)	LAB829	12.50	
<input type="checkbox"/> Uric Acid	LAB141	8.00	
<input type="checkbox"/> Urinalysis (US)	LAB348	22.00	
<input type="checkbox"/> Vit D 25, Hydroxy	LAB535	18.00	
Are you currently taking any medications? Yes ____ No ____	TOTAL		

Payment Check # _____ Cash Credit Card



WELLNESS SCREENING
WITH
DIRECT ACCESS
PATIENT TESTING

