

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, Medicare and Medicaid 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. _____(Initial) 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 consult 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. The lab staff cannot diagnose or give treatment.

I have read the above statements and consent to have my blood drawn. I had the opportunity to ask questions, if needed, and understand their meaning.

SIGNATURE: _____ DATE: _____

NAME: _____ PHONE # _____
Last First Middle

ADDRESS: _____ CITY: _____ STATE _____ ZIP CODE: _____

DATE OF BIRTH: _____ GENDER: Female Male PHYSICIAN: _____

ONLY THE FOLLOWING TESTS ARE ALLOWED TO BE PATIENT SELF REQUESTED

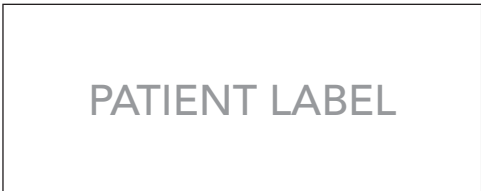
***12-14 hours fasting required, only water for these tests.**

	<u>Test#</u>	<u>Cost\$</u>	<u>Cost extended</u>
Blood Group Typing (ABO/RH type)	4490	\$ 17.00	
Colon Cancer Screen (stool specimen card) Occult Blood	5672	\$ 6.00	
Complete Blood Count (CBC with auto differential)	135	\$ 6.00	
*Comprehensive Metabolic Panel (Blood Sugar, Liver, Kidney, Muscle, Heart function)	2020	\$ 18.00	
*Coronary Risk Profile (Cholesterol, Triglycerides, HDL, and calculated LDL, VLDL, Coronary Risk)	2097	\$ 18.00	
CRP (C Reactive Protein)	2159	\$ 12.50	
ESR (Sedimentation Rate)	850	\$ 4.50	
Ferritin	2600	\$ 11.00	
*General Health Panel.. (Includes Coronary Risk Profile, CMP, CBC with auto differential, and TSH)	HF	\$ 55.00	
Glycohemoglobin (Alc)	2910	\$ 30.00	
Insulin	3965	\$ 37.00	
Iron	2074	\$ 8.00	
Pregnancy Test (Blood Test)	2500	\$ 21.00	
Prostate Specific Antigen (PSA)	2611	\$ 18.00	
Prottime / INR	800	\$ 25.00	
Thyroid Function Screen (Free T4)	2205	\$ 22.00	
Thyroid Stimulating Hormone (TSH)	2216	\$ 13.00	
TIBC (Total Iron Binding Capacity)	2166	\$ 12.50	
Uric Acid	2046	\$ 8.00	
Urinalysis (UA)	4005	\$ 22.00	
Vitamin D 25, Hydroxy	2916	\$ 18.00	

PAID BY: CHECK CASH CREDIT CARD TOTAL \$ _____



WELLNESS SCREENING WITH
DIRECT ACCESS
PATIENT TESTING



Do Not Place Below This Line.