



CLIENT: Heart Month Health Fair 2019

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.
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.

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 # _____

ADDRESS: _____ last first middle CITY: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SEX: _____ PHYSICIAN: _____

TEST REQUESTED PLEASE CHECK THE TESTS DESIRED

- *Coronary Risk Profile(2097)..... \$16.00 _____
 (HDL, LDL, VLDL, Coronary Risk Interpretation)
 (Cholesterol and Triglycerides)
- Comprehensive Metabolic Panel.... (2020)..... \$11.00 _____
 (Blood Sugar, Liver, Kidney, Muscle and Heart Function)
12-14 hours fasting required for these tests.
- Complete Blood Count (CBC). (135)..... \$ 5.00 _____
- Thyroid Stimulating Hormone (TSH) .(2216)..... \$ 11.00 _____
- COMBINATION OF THE CORONARY RISK PROFILE,
 CHEMISTRY PROFILE, CBC AND TSH**..... \$43.00 _____
**12-14 hours fasting required for these tests.*
- Thyroid Function Screen (Free T4)....(2205)..... \$16.00 _____
- Iron.... (2074)..... \$ 5.00 _____
- Uric Acid ...(2046)..... \$ 5.00 _____
- A1c / Glycohemoglobin (2910)..... \$27.00 _____
- HIV ...(3051160)..... \$22.00 _____
- Prostate Specific Antigen (PSA)...(2611)..... \$18.00 _____
- Insulin...(3965)..... \$27.00 _____
- Colon Cancer Screen (stool specimen card) ...(5672).. \$ 5.00 _____
- Vit D 25, Hydroxy..(2916) \$18.00 _____
- Hepatitis C (3087)..... \$12.00 _____

Payment type: Cash _____ Check # _____ Total \$ _____

Are you currently taking any medications? Yes _____ No _____

Lab Sticker:

Patient registration sticker: