

Instructions:

1. Patient to complete form and mark the test(s) they would like performed.
2. Process receipt and payment (cash/check/card). It is patient responsibility to submit it to insurance.
3. **Meditech:** Create a **Referred/Client** account, *Client*=SX.SCH.LAB, *Attending physician* = **OTHER,DR** *Location*=SX.LAB

Date: _____ fasting Cash **Total \$ received** _____
 Initials _____ non fasting Check # _____ Card (CC, Debit, HSA, etc.)

NAME: _____ **Male** **Female** **Date of Birth:** _____
 (please print) (Circle one)

ADDRESS: _____ **Phone #** _____
 (Street) (City, State, Zip)

- General Health Panel (HS.QL) \$70.00:** Bundled testing which includes Lipid, CMP, CBC and TSH.
- Lipid Panel (HS.LIPID) \$25.00:** Includes Total Cholesterol; HDL (good Chol.); Triglycerides; calculated LDL (Bad Chol.) This profile is to measure heart health for coronary disease.
- Comprehensive Lab Profile (HS.CMP) \$20.00 :** Glucose; BUN; Creatinine; Sodium; Potassium; Chloride; Albumin; Bilirubin; Calcium; Carbon Dioxide; Alkaline Phosphatase; Protein; ALT; AST. This is a common profile for yearly physicals to measure the function of the body's organs. **Fasting – only if monitoring glucose or diabetic**
- Complete Blood Count (HS.CBC) \$15.00:** White Blood Cells; Red Blood Cells; Hemoglobin; Hematocrit; Platelets; MCH; MCV; MCHC. This is a common profile for yearly physicals and will measure the oxygen carrying capacity of the blood and for bone marrow cell production.
- Thyroid Stimulating Hormone (HS.TSH) \$25.00:** Measures Thyroid function
- Free T4 (HS.FT4) \$15.00:** Measures Thyroid function
- Hemoglobin A_{1c} (HS.HGBA1C) \$20.00:** Gives you an average blood glucose level over the last 3 months. An elevated level suggests poor diabetes control.
- Glucose (HS.GLU) \$10.00** screening for, diagnose, and monitor **diabetes** and pre-diabetes. ***NOTE- There is a glucose in a Comprehensive Panel, do not do this test if you are doing a Comprehensive test as well.**
- Vitamin D (HS.VITD) \$60.00:** Determines if you have a vitamin D deficiency or determines if you are adequately receiving vitamin D supplementation.
- PSA (HS.PSA) \$30.00** screening for Male prostate cancer

I, the undersigned, hereby voluntarily authorize Sioux Center Health and its employees, to draw blood for the purpose of laboratory blood test analysis.

I understand that the laboratory blood test analysis results are confidential. Sioux Center Health will not report results to my physician. Test results will be mailed to the patient/address listed above.

I further understand, agree and release Sioux Center Health from any obligation other than to provide me with test results. I understand it is my responsibility to report abnormal test results to my physician in order to obtain proper advice and treatment.

I certify that I freely consent to these laboratory blood tests and that I understand this document.

Signature of Patient or Legal Representative

Date

If Signed by Legal Representative, Relationship to Patient

Signature of Witness