



Invoice # _____

rev 03/05/15 pm; rev for web only 03/31/15 dm

<p style="text-align: center;">(PLEASE PRINT)</p> <p>NAME _____ <i>LAST</i> <i>FIRST</i> <i>MI</i></p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>DOB _____ GENDER _____</p> <p>PHONE _____</p> <p>I HAVE READ THE FOLLOWING INFORMATION AND UNDERSTAND:</p> <ul style="list-style-type: none"> ◆ ANYONE UNDER AGE 18 MUST BE ACCOMPANIED BY A PARENT/GUARDIAN. ◆ TESTS ARE BEING PERFORMED AT YOUR REQUEST. ◆ RESULTS WILL NOT BE FORWARDED TO YOUR PHYSICIAN. ◆ ABNORMAL RESULTS MAY BE REVIEWED BY THE LAB DIRECTOR. A LETTER OF EXPLANATION WILL BE INCLUDED. <p>_____/_____ SIGNATURE OF PATIENT OR LEGAL GUARDIAN DATE</p>	<p>BILLING INFO:</p> <p><u>DEPT/VISIT TYPE:</u></p> <p><input type="checkbox"/> DLA</p> <p><u>LOCATION:</u></p> <p>LABORATORY</p> <p><u>ORDERING PHYSICIAN:</u></p> <p>DLA</p> <p>(No venipuncture order necessary)</p>	<p style="text-align: center;"><i>LABORATORY USE ONLY</i></p> <p>RESULT HANDLING:</p> <p><input type="checkbox"/> MAIL TO CLIENT</p> <p><input type="checkbox"/> PICK-UP</p> <p><input type="checkbox"/> WAIT FOR RESULTS (ALLOW UP TO 2 HOURS)</p> <p>PAYMENT: (Cash/Check/Credit Card)</p> <p>Received By _____</p> <p>Check # _____</p> <p>Credit/Debit Used _____</p> <p>SPECIMEN / CONDITIONS:</p> <p>DATE COLL.: _____</p> <p>TIME COLL.: _____</p> <p>COLL. BY: _____</p> <p>SPEC. /TYPE:</p> <p><input type="checkbox"/> FASTING/DURATION _____ HRS</p> <p><input type="checkbox"/> NON-FASTING</p>
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TEST/PRICE LIST					
<input type="checkbox"/>	CBC (Complete Blood Count)	\$18.00	<input type="checkbox"/>	ALT	\$10.00
<input type="checkbox"/>	Hemoglobin	\$10.00	<input type="checkbox"/>	AST	\$10.00
<input type="checkbox"/>	Hematocrit	\$10.00	<input type="checkbox"/>	Glucose	\$10.00
<input type="checkbox"/>	Hemoglobin/Hematocrit	\$15.00	<input type="checkbox"/>	Lipid Panel	\$20.00
<input type="checkbox"/>	Pregnancy Test (ser or urine)	\$16.00	<input type="checkbox"/>	Cholesterol	\$10.00
<input type="checkbox"/>	Blood Type (ABO/RH)	\$20.00	<input type="checkbox"/>	HDL Direct	\$12.50
<input type="checkbox"/>	Drug Screen (medical)	\$50.00	<input type="checkbox"/>	LDL Direct	\$20.00
<input type="checkbox"/>	Alcohol, saliva or blood	\$46.00	<input type="checkbox"/>	Triglyceride	\$12.50
<input type="checkbox"/>	Collection fee	\$33.00	<input type="checkbox"/>	PSA, Total	\$35.00
<input type="checkbox"/>	Vitamin D	\$75.00	<input type="checkbox"/>	TSH	\$30.00