



Clara Barton

MEDICAL CENTER

QUARTERLY LAB FAIR

FASTING RECOMMENDED

PLEASE CHECK THE TEST(S) YOU WOULD LIKE PERFORMED.

TESTS	COST	X
Profile 1 - Comprehensive, CBC, Lipid	\$28.00	
Vitamin B12	\$28.00	
Vitamin D	\$28.00	
Folate	\$22.00	
Iron Profile	\$20.00	
PSA (Prostate Specific Antigen)	\$14.00	
Hemoglobin A1c	\$14.00	
Magnesium	\$12.00	
TSH	\$12.00	
Uric Acid	\$12.00	
	Total Amount	\$

Please complete all information below, read and sign the release at the bottom of the page.

Date of Birth _____ **M** ___ **F** ___ **Phone** _____

Name _____
 (First Name) (Middle Initial) (Last Name)

Address _____
 (Street/P.O. Box) (City) (State) (Zip Code)

Send a copy of the results to my provider Provider: _____
 (ONE ONLY)

CHOOSE HOW TO RECEIVE YOUR RESULTS (ONE option only)

Email me a copy of my results Email: _____

Mail me a copy of my results at the address listed above

By signing this form, I agree that I will pay the prices listed on this form for the testing I have selected. In agreement with signing, I am giving permission to Kansas Pathology Services and its associates to analyze my lab samples. It is the patient's responsibility to follow up with a physician on any abnormal results. I release Clara Barton Medical Center and all of its agents, servants and/or employees from any liability for my failure to follow up with my physician on abnormal results and/or from any complications from having my blood drawn. The results will be submitted to Clara Barton Medical Center. They will also be either emailed or mailed to the participant within 10-14 days. I understand that I am at a health fair and am ordering and purchasing the above tests without a Provider order. If I am a Medicare eligible individual, I understand that Medicare will not pay for these tests because they were not ordered by an authorized individual (Physician, etc.). The health fair will not bill any third party. All HIPAA and compliance laws will be followed in processing of registration, sampling and resulting your lab tests. If you agree to these standards, please sign below.

Signature

Date

FOR OFFICE USE ONLY: DATE _____ TIME _____ TECH _____ TESTS _____