

Take Control of Your Health

Direct-to-Consumer Lab Testing

Direct Lab Testing is when a patient chooses to have lab testing without a physician order!! The patient assumes responsibility for the results.



Choose from one of our recommended Screening Profiles:

Diabetic Profile \$25

- Hemoglobin A1C
- Glucose

Men's Health Profile- \$175.00

- Lipid Panel
- Comprehensive Metabolic Panel
- Complete Blood Count
- TSH-Thyroid
- PSA-Prostate

Women's Health Profile \$175.00

- Lipid Panel
- Comprehensive Metabolic Panel
- Complete Blood Count
- TSH-Thyroid
- Iron Panel

Joint Commission and CLIA Accredited

*Dr Joseph Bach, MD
Medical Director / Policy
3070

NAME (LAST, FIRST, MI)	TODAY'S DATE:
DATE OF BIRTH:	PHONE NUMBER:
ADDRESS:	CITY, STATE, ZIP CODE:

Initial:

____ Results will be mailed (if not picked up) to the address listed above in 3-5 business days. If you would like to share your results with your physician complete the provider information below. Please indicate pick up _____ or mailing _____ preferences here.

____ I understand the hospital will not submit these tests for payment to my insurance.

____ I understand FCMH lab testing does not replace the advice and care of my physician and it is my responsibility to talk to my physician about my test results.

* Minors are not eligible for Direct-to-Consumer Lab Testing at Fayette County Memorial Hospital.

SIGNATURE: _____	DATE: _____
I WANT MY RESULTS FAXED TO (PROVIDER(S)/FAX #) _____	

√	Tests	Price	√	Tests	Price
	Blood Type ABO/RH	\$15.00		Pregnancy Test—Serum	\$15.00
	Vitamin D	\$45.00		Pregnancy Test-Urine	\$15.00
	Vitamin B12 / Folate	\$50.00		PSA-Prostate Cancer Screen	\$45.00
	CBC-Complete Blood Count	\$25.00		PT/INR-Coumadin Test	\$15.00
	Comprehensive Metabolic Panel	\$35.00		Rapid HIV 1 and 2	\$25.00
	Glucose-Blood Sugar	\$10.00		Strep Screen-Throat Swab	\$25.00
	Hemoglobin A1C-Diabetes	\$15.00		TSH -Thyroid	\$45.00
	Iron Panel	\$45.00		Urine Drug Screen	\$25.00
	Lipid Panel	\$25.00		Urine Microalbumin	\$15.00
	Potassium-K+	\$10.00		Urinalysis	\$25.00

PAYMENT TYPE: CASH _____ CHECK _____ CREDIT CARD _____

TOTAL AMOUNT PAID: _____ INITIALS: _____