



DIRECT ACCESS TESTING
PAID AT TIME OF SERVICE-NO FUTURE DISCOUNTS.

PATIENT NAME: _____ **DATE:** _____

ADDRESS: _____ **PHONE #:** _____

TEST ORDERED	TEST NAME	COST
_____	A,B,O Blood Type	\$21.00
_____	CBC (Complete Blood Count)	\$21.00
_____	Cholesterol	\$16.00
_____	CMP (Complete Metabolic Panel)	\$21.00
_____	Drugs of Abuse Screen (Urine Only)	\$42.00
_____	Glucose	\$16.00
_____	Hemoglobin A1C (Glycated Hemoglobin)	\$27.00
_____	Lipid Panel	\$31.00
_____	Mononucleosis Screen	\$16.00
_____	HCG (Pregnancy Test)	\$20.00
_____	PT (Prothrombin Test)	\$21.00
_____	PSA (Prostate-specific Antigen)	\$37.00
_____	Strep. Screen	\$21.00
_____	TSH (Thyroid Stimulating Hormone)	\$37.00
_____	Urinalysis	\$21.00
_____	General Health Screen (CBC, CMP, UA)	\$41.00

PHYSICIAN IS #5 (SELF-REFERRAL)

TOTAL PAID= _____

EMPLOYEE'S INITIAL: _____