

**Medina Healthcare System  
 Medina Regional Hospital & Clinics  
 DIRECT ACCESS TESTING  
 PAID AT TIME OF SERVICE-NO FUTURE DISCOUNTS.**

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
 \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

<b>TEST ORDERED</b>	<b>TEST NAME</b>	<b>COST</b>
_____	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 <b>(Urine Only)</b>	\$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, TSH)	\$41.00

**PHYSICIAN IS #5 (SELF-REFERRAL)** **TOTAL PAID=**\_\_\_\_\_

**EMPLOYEE'S INITIAL:** \_\_\_\_\_

Direct access testing is offering the individuals of the community a valuable service. Testing in the laboratory is performed by the standards set forth by the Clinical Improvements Act of 1988. Each patient receiving test results must understand the limitations of the test and acknowledge that they are responsible for any follow-up with their physician. Your results will be mailed to you upon completion of the tests. Your physician will not receive a copy of your results without your consent.

**Patient's Name (Print)** \_\_\_\_\_

**Patient's Signature** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_