

CLARA BARTON HOSPITAL HEALTH FAIR

Clara Barton Hospital Turnbull Safe Room

FASTING RECOMMENDED

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

| TESTS | COST | ✓ |
|---------------------------------------|--------------|----|
| Profile 1-Comprehensive, CBC, Lipid | \$22.00 | |
| CMP (Comprehensive Chemistry Profile) | \$12.00 | |
| CBC (Complete Blood Count) | \$10.00 | |
| Lipid Profile | \$10.00 | |
| Hemoglobin A1C (HGB A1C) | \$10.00 | |
| TSH (Thyroid Stimulation Hormone) | \$8.00 | |
| PSA (Prostate Specific Antigen) | \$10.00 | |
| Vitamin D | \$25.00 | |
| Magnesium | \$8.00 | |
| Uric Acid | \$8.00 | |
| Covid-19 Antibody Test | \$70.00 | |
| | Total Amount | \$ |

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

| SS# | _ Date of Birth | | M F |
|--|--|--|---|
| Name | | | |
| (First Name) | (Middle Initial) | (Last Name) | |
| Address | | | |
| (Street/P.O. Box) | (City) | (State) | (Zip Code) |
| Phone # | Family Phys | ician | |
| Copy of Results to P I understand that it is my responsi Hospital and all of its agents, serve physician on abnormal results and performed by KPS/AMS Laborate | bility to follow up with a physic ants and/or employees from any /or from any complications from | cian on any abnorm y liability for my fa m having my blood | nal results. I release Clara Barton illure to follow up with my |
| Signature | | Date | |
| FOR OFFICE USE ONLY: D | ATE TIME | TECH TE | STS |