

**HEALTH FAIR LAB ORDERS**

**March 30 – May 6, 2022**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fasting:** |  | Yes |  | No |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- |
| **Test** | **Cost to Patient** | **Check labs ordered** |
| Package: CBC/CMP/LIPID PANEL 7600, 6399, 10231 | **$40.00** |  |
| A1C 496 | **$35.00** |  |
| PSA 5363 | **$40.00** |  |
| TSH 899 | **$40.00** |  |
| Vitamin D 17306 | **$60.00** |  |
| Blood Type 7788 | **$35.00** |  |
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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Name/NPI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number for results \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number for questions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_