

**HEALTH FAIR LAB SELF-ORDERS**

**March 30 – May 6, 2022**

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

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| **Test** | **Cost to Patient** | **Check labs ordered** |
| LIPID PANEL 7600 | **$20.00** |  |
| Vitamin D 17306 | **$60.00** |  |
| Blood Type 7788 | **$35.00** |  |

**Results will be mailed to you. Only your health care provider can interpret laboratory results. RESULTS WILL NOT BE FORWARDED TO YOUR PROVIDER; it is your responsibility to retain a copy of your results and take them to your provider if you wish the results be reviewed or you have questions or concerns. Information on and interpretation of results will not be given over the phone.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_