

<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	<b>Email:</b>
<b>City, State, Zip:</b>	<b>Sex: M F</b>
<b>Phone:</b>	<b>DOB:</b>

**\*\*NOTE:** Please fast for at least 12 hours prior to blood collection (no caloric intake, you may drink water normally)

<b>Individual Tests</b>	<b>Fee</b>	<b>Wellness Panels</b>	<b>Fee</b>
A1c-Hemoglobin A1c	\$ 30	<b>Anemia Profile, Complete</b> (Includes: CBC, IRON PROFILE, VIT B12, FOLATE)	\$ 70
BCHG, Quantative--Serum Pregnancy test	\$ 25	<b>Arthritis Panel,</b> (Includes: RheumFact, ANA, CRP, URIC, ESR, CMP, CBC)	\$ 100
CBC - Complete Blood Cell Count	\$ 25	<b>Basic Health &amp; Wellness</b> (Includes: CMP, LIPID, CBC, TSH)	\$ 70
CMP-Comprehensive Metabolic Panel	\$ 25	<b>Basic Thyroid</b> (Includes: TSH and Free T4)	\$ 40
CRP - C Reactive Protein	\$ 30	<b>Complete Health &amp; Wellness</b> (Includes: CMP, LIPID, CBC, ANEMIA, TSH, FT4, CRP, A1C, VTD25, URIC, MG)	\$ 285
Lipid - <i>*Fasting required*</i>	\$ 25	<b>Diabetic/Pre-Diabetic Screening</b> (Includes: Glucose <b>**FASTING REQUIRED**</b> , HGB A1c)	\$ 30
PSA - Prostate Cancer Screen	\$ 40	<b>Hormone Panel-Men</b> (Includes: Testosterone total, TSH, PSA)	\$ 80
Testosterone - Total	\$ 55	<b>Hormone Panel-Women</b> (Includes: E2 (Estradiol), Progesterone, FSH, LH)	\$ 160
TSH - Thyroid Stimulating Hormone	\$ 35	<b>Heart &amp; Cardiovascular Screening</b> (Includes: CMP, LIPID, CRP)	\$ 60
UA - Urinalysis	\$ 25	<b>Sexually Transmitted Disease Panel</b> (Includes: Chlamydia/Gonorrhea, Syphilis, HIV)	\$ 105
VD25 - Vitamin D 25 Hydroxy	\$ 70	<b>Stress &amp; Fatigue Panel</b> (Includes: CMP, CBC, Thyroid, Anemia Prof, CRP, Vit D)	\$ 185
Blood Type - (Includes ABO & RH)	\$ 25	<b>Obstetrics Panel</b> (Includes: CBC, CMP, ABO, RH, Antibody screen, HIV, Syphilis, Hepatitis B Surface Antigen, Rubella)	\$ 175
Flu Swab	\$ 35	<b>Weight Management Profile</b> (Includes: CMP, CBC, TSH, FT4, DHEAS, Cortisol, Insulin)	\$ 200
Glucose - <i>*Fasting required*</i>	\$ 20		
HepC	\$ 60		
HIV	\$ 60		
Mono	\$ 25		
Protime	\$ 30		
Strep	\$ 50		
Uric Acid	\$ 20		
Urine Microalbumin	\$ 25		
Venipuncture	\$ 18.50		
<b>SUBTOTAL</b>			
PAYMENT: CASH ___ CHECK ___ CREDIT ___		<b>SUBTOTAL</b>	
		<b>TOTAL COST</b>	
		<b>AMOUNT RECEIVED</b>	