

Portneuf Medical Center Laboratory

The laboratory tests that you are having performed today fall under a special category as follows:

1. *Cash/check /Credit Card payment is requested at the time of service. Insurance companies, Medicaid and Medicare will **not** accept billing for self-directed testing.*
2. *A copy of the results will be mailed to your home address and your medical provider listed below.*
3. *Notice of privacy practices have been disclosed to me.*
4. *You are responsible to consult a physician for interpretation and care if results are abnormal.*
5. *You are responsible to contact a physician for further care if the test results are normal and symptoms continue.*
6. *It is your responsibility to follow-up with a medical provider for diagnosis or treatment.*

Initials _____

I consent to having these tests done. I have read the above statements and consent to have my blood drawn. I had an opportunity to ask questions, if needed, and understand their meaning.

Signature _____

Date _____

Name _____
Last First Middle

Phone _____

Address _____ City: _____

Zip _____

Date of Birth: ____/____/____ Sex: _____

Physician _____

ONLY THE FOLLOWING TESTS ARE ALLOWED TO BE PATIENT SELF REQUESTED

***12-14 hours fasting required for these tests.**

	Test #	Cost \$	Cost extended
<input type="checkbox"/> B12	LAB67	24.00	
<input type="checkbox"/> Blood Group Typing	LAB895	17.00	
<input type="checkbox"/> Colon Cancer Screen (stool specimen one card) Occult blood	LAB10523	6.00	
<input type="checkbox"/> Complete Blood Count (CBC with auto differential)	LAB12089	6.00	
<input type="checkbox"/> *Comprehensive Metabolic Panel (Blood Sugar, Liver, Kidney, Muscle, Heart function)	LAB17	18.00	
<input type="checkbox"/> *Lipid Panel/Coronary Risk Profile (HDL, LDL, VLDL, Calculated Risk, Cholesterol, and Triglycerides)	LAB18	18.00	
<input type="checkbox"/> CRP	LAB149	12.50	
<input type="checkbox"/> ESR (Sedimentation Rate)	LAB322	4.50	
<input type="checkbox"/> Estrogen	LAB981	42.00	
<input type="checkbox"/> *General Health Panel.. (Includes Coronary Risk Profile, CMP, CBC, and TSH)		55.00	
<input type="checkbox"/> Ferritin	LAB68	11.50	
<input type="checkbox"/> Folate	LAB69	18.00	
<input type="checkbox"/> Glycohemoglobin A1C	LAB90	30.00	
<input type="checkbox"/> Insulin	LAB828	37.00	
<input type="checkbox"/> Iron	LAB94	8.00	
<input type="checkbox"/> Pregnancy Test (Blood Test)	LAB144	21.00	
<input type="checkbox"/> Progesterone	LAB529	24.00	
<input type="checkbox"/> Prostate Specific Antigen (PSA)	LAB10562	16.00	
<input type="checkbox"/> Protine /INR	LAB320	25.00	
<input type="checkbox"/> Testosterone	LAB124	54.00	
<input type="checkbox"/> Thyroid Function Screen (Free T4)	LAB127	22.00	
<input type="checkbox"/> Thyroid Stimulating Hormone (TSH)	LAB129	13.00	
<input type="checkbox"/> TIBC (Total Iron Binding Capacity- includes Iron)	LAB829	12.50	
<input type="checkbox"/> Uric Acid	LAB141	8.00	
<input type="checkbox"/> Urinalysis (US)	LAB348	22.00	
<input type="checkbox"/> Vit D 25, Hydroxy	LAB535	18.00	
Are you currently taking any medications? Yes _____ No _____		TOTAL	

Payment ☐ Check # _____ ☐ Cash ☐ Credit Card

Portneuf
MEDICAL CENTER
Laboratory
777 Hospital Way
Pocatello, ID 83201
(208) 239-1671

WELLNESS SCREENING
WITH
DIRECT ACCESS
PATIENT TESTING

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DOC NO LB00053 (07/15/25) AR

PATIENT LABEL