



WELLNESS SERVICES

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number and Street City State/Zip

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F

**I hereby consent to the screening(s) checked below:**

**Immunizations/Shots\***

- Adacel – TDAP \$50.00
- Tetanus – tD \$40.00
- Polio – IPOL \$39.00
- Menactra (Meningitis) \$120.00
- Hepatitis A (Adult) \$82.00
- Hepatitis B (Adult) \$69.00
- Twinrix (Hep A & B) \$115.00
- Typhoid (Vi) \$68.00
- Yellow Fever \$110.00
- Vitamin B12 \$15.00
- PPD \$22.00
- Flu \$25.00

**Lab Testing**

- CMP (Complete Metabolic Panel) \$35.00
- CBC (Complete Blood Count) \$30.00
- Urine Pregnancy \$32.00
- Lipid Panel (Cholesterol) \$35.00
- Thyroid Panel (TSH, F-T4) \$45.00
- PSA (Prostate test) \$30.00
- Arthritis Panel (ANA, ESR, RhF) \$69.00
- Hepatitis A and B Titer (Both test) \$49.00
- Hepatitis C Test \$30.00
- Fatigue Panel (CBC, TSH, ESR, B12, Folate, Fe) \$99.00
- Men’s Health Panel \$99.00
- Women’s Health Panel \$99.00
- Varicella Titer \$35.00
- Vitamin D Level \$49.00
- MMR Titer \$69.00
- Lead Level \$35.00
- Blood Type \$25.00
- HbA1C – Average Blood Sugar \$35.00
- Glucose (Accucheck) \$20.00
- UDS (rapid in-house) non-DOT \$35.00
- Uric Acid level (Gout Test) \$25.00
- Diltantin Level \$39.00
- Hepatitis A or Hepatitis B Titer (Single) \$35.00

\*Immunizations have a one time \$10.00 administration fee.

Other testing \_\_\_\_\_

**I understand that:**

1. If a screening or lab is performed, results are to be considered preliminary only and do not constitute a diagnosis of any medical condition.
2. The responsibility for initiating a follow-up examination to confirm abnormal screen results, obtain advice, or receive treatment is mine and not that of my physician or any organization associated with this screening.
3. I understand there is a physician available, for an additional charge, to discuss the results and/or vaccines I receive.
4. If I received vaccines, I agree that I have read the vaccine information sheet and understand the risks and side effects of these injections.

**NOTE: All lab results are given directly to patients only via pick up in office or by mail.**

Patient Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_\_