



PALACIOS COMMUNITY MEDICAL CENTER LAB
 311 GREEN AVE, PALACIOS TX 77465
 PHONE: 361-972-2511 FAX: 361-972-0165
 "HERE TO HEAL!"

Health Screening Consent Form and Release Statement Testing Performed Monday thru Friday 8 to 5pm

Name: _____ Date of Birth: _____ Sex: Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home) _____ Telephone (Cell) _____
(Required) (Optional)

Physician's Name: _____ Physician's Telephone: _____

Patient Signature: _____ Date: _____

_____ Men's Health Profile	\$125	_____ CBC	\$30	_____ Thyroid Profile	\$45
_____ Women's Health Profile	\$150	_____ BMP	\$30	_____ TSH	\$20
_____ Diabetes Profile	\$30	_____ CMP	\$50	_____ VITAMIN D 25	\$100
_____ Lipid Panel	\$15	_____ Sodium (Na+)	\$5	_____ PT/INR	\$15
_____ Heart Healthy Screen	\$100	_____ Potassium (K+)	\$5	_____ A/B Flu*	\$50
_____ Liver Function	\$30	_____ Glucose	\$5	_____ Strep Screen*	\$20
_____ Male Hormones	\$150	_____ HgbA1C	\$15	_____ Urinalysis*	\$25
_____ Female Hormones	\$245	_____ Albumin, Urine*	\$20	_____ Drug Screen*	\$50
_____ PSA	\$30	_____ Iron	\$10	_____ Serum Pregnancy*	\$20

****NOTE: A \$7 charge for Phlebotomy must be paid in addition to the above fees. Tests marked with *incur no phlebotomy charge.**

PARTICIPANT INFORMED CONSENT.

I understand that Palacios Community Medical Center Laboratory disclaims any liability for any costs, claims, injuries, actions or damages suffered by an individual, no matter what their relationship, as a result of participation in Direct Access Testing. Participation in the Direct Access Testing is strictly voluntary, and any injuries suffered in conjunction with such participation shall not be subject to reimbursement under any applicable law.

I agree to release Palacios Community Medical Center Laboratory and any other person associated with these tests from any liability whatsoever in connection with testing procedures, or any other aspect of this screening.

I understand that the results of these tests will be mailed directly to me. Critical laboratory test values will be promptly called to me. I understand it is my responsibility to contact my physician regarding these critical results.

I understand that these tests are for screening purposes only, and the results are preliminary and should in no way be considered conclusive. Moreover, by providing these results Palacios Community Medical Center Laboratory is not giving medical advice. For a better understanding of the results of these tests, for more conclusive measurements, and for any additional medical advice and treatment, I understand that it is my responsibility to contact my own personal physician.

Any positive drug screening results will need confirmation testing by an order from your physician. Any minors under 18 years of age must have legal guardian sign this consent. Drug screens or pregnancy tests will not be performed on minors.

Report (For Hospital Use Only)

Men's Health	CBC, CMP, Lipid Panel, PSA, and Urinalysis
Women's Health	CBC, CMP, Lipid Panel, TSH, Fe, Urinalysis
Diabetes Profile	Glucose and HgbA1C
Heart Health	Lipid Panel, hsCRP, Homocystein
Lipid Panel	Cholesterol, HDL, LDL, and Triglycerides
Liver Function	Total and Direct Bilirubin, Total Protein, Albumin, AST, ALT
Thyroid Profile	T4, Total, T3 Uptake, and TSH
Men's Hormones	Testosterone, DHEA-s
Women's Hormones	Estradiol, Progesterone, Testosterone, DHEA-s
CBC	WBC count, RBC count, Hemoglobin, Hematocrit, Platelet count, WBC differential
BMP	Sodium, Potassium, Chloride, C02, Glucose, BUN, Calcium
CMP	BMP + Total Bilirubin, Total Protein, Albumin, AST, ALT