

**Assession Label
Lab Use Only**

Welcome Chamber of Commerce Member!

Lab Test Order

Print a copy and complete. Please print legibly. Take order form with you to a CompuNet Patient Service Center. Appointments recommended: call (937) 297-8260.



Client # D8112

Name (Last, First, Middle) _____

Street _____

City, State, ZIP _____

Phone () _____ Alternate Phone () _____

You may be contacted by CompuNet *DIRECT* regarding your test results. If you have a critical test result, two attempts will be made to reach you at the phone numbers you provide.

Birthdate (Month/Date/Year): _____ Male Female

CONSENT - Please read each section and initial. Payment is due in full at time of service.

Initial here I am 18 years or older.

Initial here I understand that because a physician has not ordered these tests, my health insurance (including Medicare and Medicaid) will not pay for these tests. I will not ask my health insurer, Medicare, Medicaid, or any other federal or state health care program to pay for these tests.

Initial here I understand that CompuNet *DIRECT* will not submit these tests for reimbursement or payment to my health insurer, Medicare, Medicaid, any federal or state health care program, or third party payer.

Initial here I understand that CompuNet *DIRECT* does not replace the advice and care of my physician. It is intended for educational purposes. A CompuNet *DIRECT* lab test result is not a medical diagnosis, a treatment, or a form of medical advice. I am solely responsible for promptly talking with a physician about my lab test results. I understand that only my physician can interpret my test results.

Initial here I release and will not hold CompuNet Clinical Laboratories, LLC and CompuNet *DIRECT* responsible if I do not communicate the results of these tests to my physician.

CompuNet *DIRECT* is permitted to leave a message with the following individual should I not be home or at the phone numbers I've provided: _____

» Your Signature _____ Date _____

<input type="checkbox"/> Basic Health Profile* - Heart (Lipid Panel), Kidney, Liver health, Diabetes 75241 - 1 SST	\$47 \$50	<input type="checkbox"/> Prostate Screen (PSA - screen for prostate cancer) 74647 - 1 SST	\$36 \$40
<input type="checkbox"/> Complete Health Profile* - Heart (Lipid Panel), Kidney, and Liver health, Diabetes, High Risk CRP (C-Reactive Protein)		<input type="checkbox"/> Thyroid Screen (TSH) 74648 - 1 SST	\$36 \$40
<input type="checkbox"/> Men's - includes PSA* 74641 - 2 SST	<input type="checkbox"/> Women's - includes TSH* 74642 - 2 SST	<input type="checkbox"/> Diabetes Screen* (Glucose ONLY) 74644 - 1 SST	\$13 \$15
<input type="checkbox"/> Complete Health Profile INCLUDING Glycohemoglobin A1c*		<input type="checkbox"/> Diabetes Management Panel* (Glucose and Glycohemoglobin A1c) 74643 - 1 SST, 1 LAV	\$30 \$40
<input type="checkbox"/> Men's - includes PSA* 74915 - 2 SST 1 LAV	<input type="checkbox"/> Women's - includes TSH* 74916 - 2 SST 1 LAV	<input type="checkbox"/> Glycohemoglobin A1c 74988 - 1 LAV	\$22 \$25
<input type="checkbox"/> Total Cholesterol* (Cholesterol only) 74797 - 1 SST	\$13 \$15	<input type="checkbox"/> Anemia Screen (Hemoglobin, Iron, Total Iron Binding Capacity, %Iron Saturation) 74646 - 1 SST, 1 LAV	\$35 \$40
<input type="checkbox"/> Cardiac (Heart) Health Screen* (Lipid Panel - includes cholesterol) 74645 - 1 SST	\$35 \$40	<input type="checkbox"/> Vitamin D Panel (Vitamin D, 25-Hydroxy) 74914 - 1 SST	\$50 \$55

***This means FASTING is required for this test.** To fast, do not eat or drink anything but water for 8 - 12 hours before your test.

This section is completed by the laboratory only:

Account: **D8112** Patient ID: _____ Bill Code: **DAT** Fasting Non- fasting

Date collected: _____ Time: _____ AM PM

PSC/Tech Code: _____ SST _____ LV