

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth:   /  /   Gender: M  F  Phone: (    )    -    -    , (    )    -    -   

**INSURANCE INFORMATION**

**ATTACH COPY OF DEMOGRAPHICS & INSURANCE INFORMATION**

Insurance Provider Name: \_\_\_\_\_

Policy/Insured ID No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Client Bill

Insurance  Self-pay

Consent to Testing and Use of Results: The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my physician and/or the laboratory. I authorize the lab to release the test results to the ordering practitioner. Financial/Insurance Release: I authorize insurance payments to be made to the lab for the laboratory services ordered by my practitioner. I authorize my physician and practice staff, as well as my insurance company (if any) to release to the lab and its agents, any information needed to determine benefits for laboratory services. I understand that I am responsible for payment of any deductibles or co-insurance charges. If the self-pay box is marked, I accept full financial responsibility for payment associated with these laboratory services. I hereby transfer and assign any benefits of insurance to be made to the lab for the laboratory services ordered by my practitioner and authorize the laboratory to submit claims on my behalf directly to my private health insurance provider/health plan. I authorize the laboratory to release to Medicare, the insurance carrier or health plan providing my medical benefits, and any health plan of which I am a member, any medical information needed for claim or payment purposes, including determination of benefits for laboratory services. I understand that the lab is an out of network provider and I have the option of obtaining lab services from another facility and that, upon my request, will be provided a list of alternative lab facilities. I understand that I am responsible for payment of any deductibles or co-insurance charges. I understand that if the insurance pays me directly for services rendered by the third party laboratory I am responsible to forward the payment to the lab. I agree that this Assignment of Benefits and Consent will cover all medical services rendered by the lab until such authorization is revoked in writing by me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ORDER TESTS**

<input type="checkbox"/> <b>Profile 1: Premium Wellness/Cardiac &amp; Diabetic Risk</b> Nutritional Health Metabolic Health Heart Health Hormone Health	<input type="checkbox"/> <b>Profile 2: Advanced Metabolic Risk</b> Nutritional Health Metabolic Health Hormone Health	<input type="checkbox"/> <b>Profile 3: Basic Nutritional / Lifestyle Risk</b> CBC with diff/plt CMP, TSH, CK, Iron Profile, Vitamin D Hormone Balance
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NUTRITIONAL HEALTH	METABOLIC HEALTH	HEART HEALTH	HORMONE HEALTH	ADDITIONAL TESTS
<input type="checkbox"/> CBC with Diff/plt <input type="checkbox"/> Uric Acid <input type="checkbox"/> Iron*** <input type="checkbox"/> Folate (limit 2x a yr) <input type="checkbox"/> Vitamin B12 (limit 2x a yr) <input type="checkbox"/> <b>Bone Profile</b> <input type="checkbox"/> Vitamin D (25-OH) (limit 3x a year) <input type="checkbox"/> PTH	<input type="checkbox"/> <b>Complete Metabolic Panel</b> <input type="checkbox"/> Calcium <input type="checkbox"/> Chloride <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Glucose <input type="checkbox"/> Potassium <input type="checkbox"/> Sodium <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> ALKP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> Albumin <input type="checkbox"/> Protein (Total) <input type="checkbox"/> Bilirubin (Total) <input type="checkbox"/> <b>Complete Metabolic Panel</b> <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Bilirubin (Direct) <input type="checkbox"/> Amylase (Pancreatic) <input type="checkbox"/> Lipase <input type="checkbox"/> GGT <input type="checkbox"/> LDH	<input type="checkbox"/> <b>Lipid Profile*</b> <input type="checkbox"/> Cholesterol(Total) <input type="checkbox"/> LDL-C (nec. up to 6x a yr) <input type="checkbox"/> HDL-C <input type="checkbox"/> Triglycerides <input type="checkbox"/> <b>Cardiac Risk</b> <input type="checkbox"/> CK <input type="checkbox"/> <b>Inflammatory Profile</b> <input type="checkbox"/> RF <input type="checkbox"/> CRP <input type="checkbox"/> <b>Apolipoprotein Evaluation</b> <input type="checkbox"/> Apo A1 <input type="checkbox"/> Apo B <input type="checkbox"/> Apo B/A1 ratio	<input type="checkbox"/> <b>Hormone Balance</b> <input type="checkbox"/> Cor tisol <input type="checkbox"/> DHEA -S <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> SHBG <input type="checkbox"/> Testosterone (Total) <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin <input type="checkbox"/> Estradiol <input type="checkbox"/> <b>Thyroid Panel**</b> <input type="checkbox"/> TSH <input type="checkbox"/> T3 (Total) <input type="checkbox"/> T3 (Free) <input type="checkbox"/> T4 (Total) <input type="checkbox"/> T4 (Free)	<input type="checkbox"/> <b>Free Testosterone</b> <input type="checkbox"/> <b>PSA (Total)(men)*</b> <input type="checkbox"/> <b>Iron Deficiency</b> <input type="checkbox"/> Ferritin <input type="checkbox"/> <b>Diabetic Profile</b> <input type="checkbox"/> HgbA1c*** <input type="checkbox"/> <b>Additional Cardiac</b> <input type="checkbox"/> Homocysteine <input type="checkbox"/> * Lipoprotein (a)

**If all tests selected:  
2 SST, 2 Lavender**

Hand written tests may be sent out and billed by a reference lab. Results could be delayed based on send out tests ordered. Additional tests may require additional tubes needed based on test.

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\_\_\_\_\_

\*Annually \*\*1 two times per year

\*\*\*No more than every three months

\*\*\*\*Once per month

**Specimen Collection Information**

Verify that the applicable specimens were...

