



**Casa Grande Regional
Medical Center**

**Clinical Laboratory Services
Wellness Testing Consent and Order Form
520-381-6323**

Patient Identification

The undersigned hereby voluntarily consents to undergo a health screening test performed by Casa Grande Regional Medical Center Clinical Laboratory Services. I understand that it is not possible to diagnose or define any disease or problem with a single test alone and that a screening cannot detect every health problem. I understand these tests are for screening purposes only and are not a substitute for a more complete examination by a physician. Blood test results can fluctuate from day to day due to changes in the individual and from laboratory variation. As a result, a test may be abnormal at one time and not another. If any of my results fall outside normal ranges, I understand I should see a physician for a follow up evaluation. I understand possible but infrequent side effects include fainting, bacterial infection or bruising (hematoma) at the puncture site. In rare circumstances, I may be contacted for a redraw due to a poor lab sample. **I UNDERSTAND THAT BECAUSE THESE ARE SCREENING TESTS, THEY ARE NOT REIMBURSABLE UNDER MOST INSURANCE PLANS.** Screening tests are being performed per the direction and authority of the Casa Grande Regional Medical Center Medical Director, J. Morgan Brown, M.D. or as otherwise designated on the laboratory requisition or result forms. Casa Grande Regional Medical Center Clinical Laboratory Services practices in accordance with the HIPAA regulations as pertains to privacy practices and patient confidentiality regarding protected health information.

X _____
SIGNATURE

_____/_____/_____
TODAY'S DATE

INFORMATION ON PARTICIPANT (PLEASE PRINT)

NAME – Last, First, Middle Initial		DATE OF BIRTH	AGE	SEX (M/F)
MAILING ADDRESS			DAYTIME PHONE	
CITY	STATE		ZIP	
REFERRED BY? <input type="radio"/> Poster/Flier at Site <input type="radio"/> Internet <input type="radio"/> Newspaper Ad <input type="radio"/> Doctor <input type="radio"/> Friend <input type="radio"/> Other				

PLEASE CHECK (✓) TESTS TO BE PERFORMED (Tests do not require fasting, unless indicated).

<input type="checkbox"/> LIPID PANEL \$20 8 hours fasting (water and medications only) (Cholesterol, Triglycerides, HDL, Direct LDL, HDL/CHOL ratio) Detects metabolic disorders related to coronary heart disease risk	<input type="checkbox"/> CMP \$20 Albumin, Bilirubin, Calcium, CO ₂ , Chloride, Creatinine, Glucose, Alkaline Phosphatase, Potassium, Total Protein, Sodium, ALT, AST and BUN (blood urea nitrogen).	<input type="checkbox"/> LIVER PANEL \$20 (Albumin, Bilirubin Total & Direct, Total Protein, Alkaline Phosphatase, ALT, AST) Detects liver damage and disorders
<input type="checkbox"/> GLUCOSE \$20 8 hours fasting (water and medications only) Evaluates carbohydrate metabolism, diabetes mellitus, and hypoglycemia	<input type="checkbox"/> KIDNEY FUNCTION PANEL \$20 (Creatinine & BUN (urea nitrogen)) Detects renal diseases	<input type="checkbox"/> PT/INR \$20 Monitors therapeutic levels of Warfarin (Coumadin) anticoagulant therapy and screens for certain coagulation disorders
<input type="checkbox"/> PSA \$20 Screens for prostate cancer, recommended for men 40 and older	<input type="checkbox"/> HEMOGLOBIN A1C \$20 Monitors glucose control over the last few months in diabetic patients	<input type="checkbox"/> PTT \$20 Screens for coagulation disorders
<input type="checkbox"/> TSH \$20 Detects thyroid disorders	<input type="checkbox"/> CBC \$20 Tests for anemia and other conditions	<input type="checkbox"/> URIC ACID \$20 Detects gout and other metabolic disorders
<input type="checkbox"/> IRON PANEL \$20 (Iron & Iron Binding capacity) Aids in anemia diagnosis	<input type="checkbox"/> FECAL OCCULT BLOOD \$20 Take-home kit for screening fecal-occult blood. Kit must be returned in provided envelope to Casa Grande Regional Medical Center Laboratory	<input type="checkbox"/> URINALYSIS \$20 Detects abnormalities in urine related to renal diseases
<input type="checkbox"/> URINE DRUG SCREEN \$40 Detects urine metabolites of the following drugs: Cocaine, Phencyclidine, Oxycodone, Propoxphene, Cannabinoids, Benzodiazepines, Amphetamines, Barbituates, Opiates, Methamphetamine, Methadone, Tricyclic Antidepressant		<input type="checkbox"/> ELECTROLYTES PANEL \$20 (Sodium, Potassium, Chloride, Carbon Dioxide) Measures acid-base balance
<input type="checkbox"/> OTHER		

CASA GRANDE REGIONAL MEDICAL CENTER PERSONNEL ONLY BELOW THIS LINE

AMOUNT PAID:	CASH	CHECK	CREDIT CARD
Send results to Patient and/or Physician: _____			
Date and Initials of person mailing results: _____			