BURNETT MEDICAL CENTER

Direct Access Testing Form

Monday-Friday
9:00 a.m. – 4:00 p.m.

Customer Information (Please Print)

Name_____
(Last) (First) (MI)

DOB_____ Sex: M / F
(Month/Day/Year)

Please provide a minimum of two phone numbers if possible:

Home Phone (_____)_____

Work Phone (_____)_____

Cell Phone (_____)_____

Address_____

City/State/Zip_____

_____

Results will be sent to the above address.

Disclaimer

I HAVE READ AND UNDERSTAND THE FOLLOWING INFORMATION:

- A physician order is NOT required.
- Insurance will not be billed; payment is required upfront before tests are performed.
- All results will be sent to the patient with test explanations.
- Test(s) are being performed at my request.
- Results will NOT be forwarded to my provider.
- To discuss results with my provider, an appointment is necessary.
- A parent or guardian must accompany anyone under the age of 18.

*_____
Signature of Customer or Parent/Guardian Date

Test Menu
(Please circle test(s) desired)

Lab	Description	Price	Paid
			(for office use only)
Basic Metabolic Profile	Includes Glucose, Bun, Creat, Na^+, K^+, Cl^-, CO_2, Ca	25.00	
Complete Blood Count	Includes WBC, RBC, Hemoglobin, HCT, MVC, PLT	20.00	
Lipid Screening	Includes Cholesterol, Trig, LDL, HDL, Cardiac Risk Factor	25.00	
Liver Enzyme	ALT (alanine aminotransferase)	10.00	
Glucose	Blood Sugar (8 hour fast is best)	10.00	
Hemoglobin	Hemoglobin Test	10.00	
HCG	Pregnancy Test (Urine)	10.00	
Magnesium	Medication Monitoring	20.00	
Microalbumin	Kidney function associated with Diabetes (Urine)	25.00	
PSA	Prostate Test	30.00	
TSH	Thyroid Test	30.00	
A1C	Diabetes Test	20.00	
Testosterone	Male hormone deficiency	30.00	
Vitamin D	Screen for Vitamin D deficiency	30.00	
	Total		

Is patient fasting? _____Yes _____ No

ORIGINAL TO LAB COPY TO BUSINESS OFFICE WITH PAYMENT COPY TO PATIENT IF REQUESTED

Last Updated: 4/6/21