



HEALTH DIAGNOSTICS OF NWI DBA

# HD DISCOUNT LABS, LLC

**PRINT CLEARLY**

TODAY'S DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTH GENDER: M / F PHONE: \_\_\_\_\_

EMAIL ADDRESS (***PRINT CLEARLY***): \_\_\_\_\_ (Circle one) (HOME OR CELLPHONE NUMBER)

### AUTHORIZATION FOR TESTING

I authorize HD Discounted Labs, LLC also dba: Health Diagnostics of NWI, LLC, to perform health testing as part of a wellness screening program, testing prescribed by my personal physician and/or myself. I understand that the test results are confidential and in no way does HD Discounted Labs, LLC also dba: Health Diagnostics of NWI, LLC, either propose, diagnose or recommend medical treatment. I further understand that it is my responsibility to contact my personal physician to follow through with my test results. I understand that by giving my consent, I relieve HD Discounted Labs, LLC, also dba: Health Diagnostics of NWI, LLC, and it's employees from any liabilities relating to the confidentiality of my personal test results or injury that may inadvertently be sustained during procedure. I understand that although rare, certain test(s), when positive, require additional confirmation testing as required by law to confirm result. I agree to pay for said testing immediately upon notification. NOTE: any test reflex; there will be additional charges & patient agrees to pay differences and take responsibility for any additional charges. By sign-ing below, I give consent to Health Diagnostics of NWI, LLC/HD Discounted Labs to disclose my test results to the following:

Patient Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Release results to :**

Name of DOCTOR: \_\_\_\_\_ TEL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX: \_\_\_\_\_

Name of DOCTOR: \_\_\_\_\_ TEL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX: \_\_\_\_\_

**TEST ORDERED:**

HD (CBC, CMP, LIPID) \$50 \_\_\_\_\_

Thyroid Screen (TSH, FT4) \$70 \_\_\_\_\_

Hemoglobin A1C \$35 \_\_\_\_\_

Homocysteine \$55 \_\_\_\_\_

CRP-HS \$70 \_\_\_\_\_

PSA \$45 \_\_\_\_\_

Magnesium \$30 \_\_\_\_\_

Ferritin Panel (*Iron included*) \$55 \_\_\_\_\_

Uric Acid \$30 \_\_\_\_\_

Sedimentation rate \$40 \_\_\_\_\_

Vitamin D, 25-OH \$80 \_\_\_\_\_

Vitamin B12 \$50 \_\_\_\_\_

Prothrombin Time (PT) \$40 \_\_\_\_\_

Blood Type \$40 \_\_\_\_\_

OTHER LABS: \_\_\_\_\_

**All Sales & services are FINAL. NON-REFUNDABLE**

**Method of Payment (CHECK ONE):**

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CARD \_\_\_\_\_ INSURANCE

***PRINT CLEARLY***

CARD# \_\_\_\_\_ CVV: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\*\*\*Due to rising cost, a 3.99% convenience fee is added to ALL credit card transactions. To avoid this fee please feel free to pay with cash or check.

What should we do with your results? (Check all that apply)

\_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_ MAIL \_\_\_\_\_ Pick up

How did you hear about us? \_\_\_\_\_