MADISON
HEALTHCARE SERVICES

Direct Access Lab Testing

Testing Hours M-F, 7 am to 4:30 pm

Name: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

SS #: _____ DOB: _____ Sex: ____

Phone #: _____

Email: _____

I HAVE READ THE FOLLOWING INFORMATION AND UNDERSTAND:

- ANYONE UNDER AGE 18 MUST BE ACCOMPAIED BY A PARENT/GUARDIAN.
- TESTS ARE BEING PERFORMED AT YOUR REQUEST
- RESULTS WILL NOT BE SENT TO YOUR PROVIDER

_____
Signature of patient or legal guardian

THIS COLUMN FOR LAB USE ONLY

RESULT HANDLING:

____ Mail ____ Copy to medical record

____ Pick-up

____ Wait for results

PAYMENT: (CASH/CHECK ONLY)

Received by: _____

Check # _____

SPECIMEN/CONDITIONS:

Date Collected: _____

Time Collected: _____

Collected By: _____

SPECIMEN/TYPE:

____ Fasting

____ Non-fasting

TEST/PRICE LIST

____ CBC (Complete Blood Count)	$30.00	____ Urine Drug Screen	$60.00
____ Pregnancy Test (Serum or Urine)	$25.00	____ Blood Type (ABO & Rh)	$25.00
____ Comprehensive Metabolic Panel**	$50.00	____ Hemoglobin A1C	$25.00
____ Lipid Profile**	$25.00	____ Glucose**	$20.00
____ TSH	$40.00	____ Free T4	$40.00
____ PSA	$50.00	____ Vitamin D	$50.00

**Tests that require fasting specimen

Critical results: If your results are critical, we will attempt to notify you as soon as possible using the telephone number that you provided. You should notify your provider as soon as possible to schedule an appointment.