

This form is for viewing/printing ONLY. Print form, read all instructions and take with you to Lab Corp for blood draw.

Lab Corp

1901 Medi Park Suite 43
Amarillo, TX 79106
806-359-8567

Open: Monday through Friday 8 a.m. - 5 p.m.
THIS OFFER EXPIRES ON OCTOBER 9TH, 2009.

Amarillo Health Initiative Lab Order Form

Name _____ DOB _____

Address _____ Phone _____

City _____ State _____ Zip _____

NOTE: The lab results will be sent to Dr. Roby Mitchell's office.

TEST CHOICES: [As requested By Roby Mitchell, MD. Lab Corp acct #42284765]

Female Standard Health Panel..... **\$171.00**
CBC, Comprehensive Metabolic Panel, CRP, Folate, Insulin, Vit. B-12, GH A-1C, Homocysteine, Iron Panel,
Lipid Profile, Thyroid Stimulating Hormone, Free T3, Ostase and Thyroid Peroxidase Autoabs, Blood Alcohol,
Free PSA

Female Detailed Health Panel..... **\$271.00**
Same as above, plus: Fibrinogen, CD4/CD8, Vit. D

Male Standard Health Panel..... **\$180.00**
CBC, Comprehensive Metabolic Panel, CRP, Folate, Insulin, Vit B-12, GH A-1C, Homocysteine, Iron Panel,
Lipid Profile, Thyroid Stimulating Hormone, Free T3, Ostase and Thyroid Peroxidase Autoabs, Blood Alcohol
PSA

Male Detailed Health Panel..... **\$285.00**
Same as above, plus: Fibrinogen, CD4/CD8, Vit. D, & Free Testosterone

You must fast for 12 hours before taking these tests – usual medication and water excepted. To be tested, take this form to Lab Corp between September 28th and October 9th – make payment to them at time of blood draw. Each Panel will cost an additional \$25 if drawn at the seminar. Do not mail this form to Amarillo Health Initiative.

Consent & Release for Screening: I hereby consent to the drawing of blood samples for the requested tests. In consideration of having my blood levels measured, I hereby release any organization associated with the screening, their affiliates, officers, directors, employees, successors and assigns from any and all liability arising from or in any way connected with the venipuncture for measuring my blood levels or from the data derived therefrom.

Signed _____ Date _____

Payment method:
Cash Total _____ Check number and total _____

Visa or MasterCard Number _____ Expiration date _____

Name on Card _____

Address of Card Holder _____

Signature of Card Holder _____