Davis MedicalCenter

Laboratory Services
Phone: 304.637.3366
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www.davishealthsystem.org

CAMP VALLEY VISTA HEALTH FAIR

(PLEASE PRINT) ALL INFORMATION REQUIRED IN ORDER TO COMPLETE TESTING

NAME_____
LAST *FIRST* *M.I.*

BIRTHDATE_____ ***PHONE***_____

ADDRESS_____

I HAVE READ THE FOLLOWING INFORMATION AND UNDERSTAND:

- Results will be mailed to your home address.
- Results will not be sent to a physician. No insurances will be billed.
- If abnormal results are obtained, you will be contacted to seek medical attention.

SIGNATURE _____

PLEASE MARK AN "X" NEXT TO THE TESTING YOU WISH TO HAVE DONE.

_____ **EXECUTIVE Profile (CBC, COMPREHENSIVE PANEL, LIPID PANEL) $20.00**

_____ **TSH (THYROID HORMONE) $10.00**

_____ **PSA (PROSTATE) $10.00**

_____**Testosterone $20**

_____**Vitamin D, 25-Hydroxy $30.00**

_____**Vitamin B12 and Folate $20.00**

_____**HGB A1C (DIABETIC 3 MONTH SCREEN) $15.00**

_____**C REACTIVE PROTEIN CARDIAC (CRP by high sensitivity may add to the predictive value of other markers used to assess the risk of cardiovascular and peripheral vascular disease) $10.00**

_____**C REACTIVE PROTEIN INFLAMMATORY (Inflammatory conditions including: bacterial infection, rheumatic fever, active arthritis, myocardial infarction, and malignancies) $10.00**

_____**Iron and Iron Binding Capacity $20**