



ESTES PARK HEALTH

555 PROSPECT AVENUE * ESTES PARK * COLORADO * 80517 * PHONE (970)586-2317

Participant's Last Name	First Name	MI	Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F
Address		City	State Zip	Phone Number (including area code)

\$50.00	Comprehensive Metabolic Panel	Sodium, Potassium, Chloride, CO2, Gluc, BUN, Creatinine, Calcium, Albumin, Alk Phos, AST, Tbili *Fasting Recommended
\$35.00	Basic Metabolic Panel	Sodium, Potassium, Chloride, CO2, Gluc, BUN, Creatinine, Calcium *Fasting Recommended
\$25.00	Lipid Panel	Cholesterol, Triglyceride, HDL *Fasting Recommended
\$20.00	CBC with Auto Diff	CBC with auto differential
\$25.00	PSA	Prostatic Specific Antigen Screen
\$23.00	Blood Type	ABO/Rh
\$20.00	Cholesterol	Cholesterol
\$55.00	Vitamin D, 25 hydroxy	25 Hydroxy Vitamin D
\$16.00	Glucose	Glucose *Fasting Recommended
\$30.00	HA1C	Hemoglobin A1C
\$35.00	HIV	HIV Screen
\$45.00	Iron Panel	Iron, Transferrin, TIBC, TransSat
Total		
Paid Cash	Check#	Credit/Debit Card

For Lab Use

Admitting Sticker	Collection Date/Time	Phlebotomist
Laboratory #		



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Direct-To-Consumer Consent Form

The Direct-to-Consumer program is patient-initiated testing which Estes Park Health (EPH) can perform without a physician's order at a discounted rate to the patient. EPH will not provide direct access testing to minors (under 18 years old).

Hours: Monday through Friday from 8:00am - 5:00pm. Appointments and doctor's orders are not required. EPH Laboratory is closed New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and Christmas.

Results: The EPH laboratory will perform the testing and provide you with your results; however, we cannot interpret or treat you for the results obtained through Direct-to-Consumer program. Results will be mailed to the address listed on your consent form unless otherwise requested. A Photo ID will be required to pick up lab results. It is the patient's responsibility to share results with their physician.

Payment: EPH will not bill insurance for Direct-to-Consumer testing. EPH requires payment at the time of service for any and all self-directed testing. Specimens will not be collected until payment in full is made. Acceptable forms of payment include cash, check or credit/debit cards.

HIV: Patient's requesting HIV testing will be required to sign a separate consent for HIV testing form.

Consent for Treatment/ payment:

This is to certify that I consent to and authorize Estes Park Health to collect my blood or urine for analysis of the marked test(s) on the requisition. I authorize Estes Park Health to release my results to me through the method indication on the requisition. In the event of any positive HIV result, I understand that EPH is required by law to submit my test result to the Colorado Department of Health. I understand that Estes Park Health is not acting as my doctor, that this does not replace treatment by a physician and that I assume complete and full responsibility to take appropriate action with regard to test results, up to and including consulting with a physician. In this regard, I do not and will not hold Estes Park Health responsible for my test results and absolve them of their affiliates of any liability. ***I agree that I will seek medical advice, care and treatment from my usual source of health care if I have questions or concern, have any symptoms of illness, or become ill.*** I understand that the venipuncture process involves a small medical risk and may result in bruising around the area from which the blood is taken. In the event of an accidental blood/body fluid exposure to an Estes Park Health staff member involved in the collection or processing of the sample(s), I consent to any routine blood tests deemed necessary for the safety of the staff. As with medical testing of any nature, the potential for falsely elevated, lowered, positive or negative laboratory values is present.

I agree to take full financial responsibility for the tests requested and I understand that payment is required prior to specimen collection. I understand that these tests will not be billed to a third party by Estes Park Health and no results will be sent to a physician or healthcare provider. I understand the cost of these tests may increase in the future without prior notice. I understand that medical insurance generally does not cover the cost of Direct Access Testing and usually will not reimburse these charges or apply them towards a deductible as they are not ordered by a physician. I accept full responsibility for inquiring with my insurer in this regard.

Patient signature: _____ Date: _____ Print name: _____

Date of Birth: _____ Phone# for emergent/critical lab results: _____