

FAIRFIELD MEMORIAL HOSPITAL
SCREENING LAB REDUCED RATE HEALTH FAIR

Fairfield Memorial Hospital is again offering discounted Laboratory procedures to the general public. This is for screening purposes only and not for diagnostic interpretation. To take advantage of this opportunity, please fill out the following information. Payment is due at time of service. Return the completed form to the Laboratory to have your blood drawn. **Results will be mailed to your home following completion of the testing.**

Location: ☐ FMH Laboratory ☐ Edwards County Lab Draw Station
 ☐ Horizon – Fairfield ☐ Horizon – Cisne ☐ Horizon - Carmi

Name (Please Print) _____

Today's Date: _____ Phone: _____

Date of Birth: _____ Gender (circle): M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Care Medical Provider: _____

How did you learn about this Health Fair? ☐ Facebook ☐ Flyer ☐ Newspaper
 ☐ Word of Mouth ☐ Radio ☐ Other _____

Laboratory test results are not a diagnosis or treatment, and they are only part of a patient's overall health evaluation. Fairfield Memorial Hospital is not liable for any actions or non-actions taken based on the test results. For any questions about your test result(s), please consult your medical provider. These results are being sent to you directly and do not automatically go to your primary care physician for review.

Patient Signature

Date

Time

Staff Signature

Date

Time

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THESE ARE THE TESTS THAT I WOULD LIKE TO HAVE DONE:

	\$40.00 General Health Profile*	Includes: CBC, Lipid Panel , and 12 test chemistry profile CMP (electrolytes, calcium, kidney function, liver function)
	\$40.00 Thyroid 2 Panel	Includes: TSH, Total T4, Free T3, Free T4
	\$20.00 Hemoglobin A1C	Diabetic Monitor
	\$20.00 PSA	Prostate Specific Antigen
	\$40.00 Vitamin D Level	Vitamin D

_____ **Total Fee Due**

Please note: For any tests marked with an asterisk (), please refrain from eating or drinking anything except water for 8 to 10 hours prior to having your blood drawn. Fasting specimens are best for these tests.

For Staff Completion:

Payment Amount Received _____ Form of Payment Cash/Check/Card _____

Collected By: _____ Date: _____