SELF-PAY LAB WORK

Monitor your health without the hassle of insurance companies!

PLEASE PRINT CLEARLY

Name: (Last)_____(First)_____ Date:_____

Address:_____ Have you fasted? Yes [ ] No [ ]

City:_____State:_____ZIP:_____ Are you diabetic? Yes [ ] No [ ]

Telephone:_____ E-mail:_____

Birth Date:_____ Gender Identification: (Identify)_____

Primary Care Physician (PCP):_____

TruChoice Diagnostics, LLC

CHECK REQUESTED TESTS BELOW

SPECIALTY

- ☐ **PSA** $25
  Prostate Specific Antigen, often used to diagnose prostate cancer
- ☐ **Vitamin D** $30
  Used to diagnose Vitamin D deficiency
  *Low Vitamin D levels can cause fatigue and insomnia
- ☐ **Hemoglobin A1C** $15
  Measures the amount of blood sugar (glucose) attached to hemoglobin
- ☐ **Microalbumin** $15
  Quantitative analysis of the amount of albumin in random urine
- ☐ **Ferritin** $15
  Measures stored iron in the body, often used to diagnose Anemia
- ☐ **Iron Profile** $25
  Used to diagnose iron deficiency / anemia. Includes iron, total iron binding capacity, % saturation, and ferritin
- ☐ **PTH** $30
  Measures the level of parathyroid hormone in blood
- ☐ **TSH** $15
  Measures the function of thyroid gland (hyper / hypo active)
- ☐ **TT3** $15
- ☐ **FT4** $15

WELLNESS PANEL

☐ **$45 Includes tests with**

- ☐ **Basic Metabolic Panel** $10
  Measures the blood levels of urea, nitrogen, calcium, carbon dioxide, chloride, creatinine, glucose, potassium, and sodium
- ☐ **Hepatic Panel** $10
  Measures the function of your liver (total protein, albumin, ALT and AST)
  BMP & Hepatic Panel is CMP
- ☐ **CBC** $10
  Complete Blood Count, evaluates the cells that circulate in blood
- ☐ **Lipid Panel** $10
  Measures the good cholesterol (HDL), bad cholesterol (LDL), and triglycerides
  *Good assessment of heart health
- ☐ **Renal Panel** $10
  Helps determine kidney function by electrolytes, BUN, creatinine, glucose, calcium, albumin, and phosphorus

OTHER

- ☐ **Urinalysis** $10
  Used to diagnose urinary tract infections, kidney / liver disorders, diabetes, and metabolic conditions
- ☐ **COVID Rapid** $100
  SARS-CoV-2 Rapid Antigen
- ☐ **Flu Rapid** $75
  Flu A / Flu B Rapid Antigen
- ☐ **COVID PCR** $200
  COVID / FLU / RSV RT-PCR
- ☐ **STD Screen** $90
  Gonorrhea and Chlamydia
- ☐ **Sed Rate (ESR)** $10
- ☐ **MONO Screen** $10
- ☐ **HIV Screen** $30
- ☐ **Rapid Strep** $20
- ☐ **Pregnancy Test** $10
- ☑ **Serum Analytes** $10 ea.
  - ☐ Iron (Fe)
  - ☐ Magnesium (Mg)
  - ☐ Uric Acid (UA)
  - ☐ Creatine Kinase (CK)
  - ☐ Gamma-glutamyl transferase (GGT)

More Tests Available on Request

Attending Provider Signature: Date:

TruChoice Diagnostics, LLC

Attending Provider Agreement

Name:_____ DOB: _____

PCP:_____

Please indicate how you would like to receive a copy of your results.

☐ Mail _____

☐ Fax _____

☐ E-Mail_____

For your privacy, E-Mailed result reports are password protected. To view/download the PDF, ***you must enter a password.***

PASSWORD: Patient's DOB in MMDDYYY format

Don't include: Hyphens(-), Slashes(/), or spaces) when entering your password

Consent for treatment/payment:

This is to certify that I consent to and authorize the performance of specimen collection and analysis of the chosen laboratory panels.

TruChoice Diagnostics, LLC cannot perform laboratory testing for patients who do not have a Primary Care Physician; A Primary Care Physician must be provided upon registration in the event that the Attending Provider who your labs are ordered under needs to reach them in regards to any critical results. I understand that the Attending Provider will not follow up with me or my Primary Care Physician regarding my lab results unless there is a critical value and it is my responsibility to obtain my results and seek interpretation, counsel, or treatment.

I agree to take full financial responsibility for the cost of the tests that I request and that payment/insurance must be rendered prior to specimen collection.

Patient Signature: _____ Date:_____