



2024 WELLNESS WEDNESDAY

Owes: _____ Payment Rec'd by: _____ Date __/__/__ Cash/Credit/Check

Date (Circle): March 20 / April 17 / May 15 / June 19 / Jul 17 / Aug 21 / Sep 18 / Oct 16 / Nov 20 / Dec 18

Time: __:__

REGISTRATION CLOSES THE TUESDAY PRIOR TO DRAW DATE EACH MONTH

Legal Name (First, Middle Initial and Last): _____

Sex: Male / Female Date of Birth: __/__/__ Phone: __ - __ - ____

Address: _____ City: _____

Please **CIRCLE** any provider they would like results faxed to:

Bespalec Beckman Swanson Robbins Jaeger Coash Dorsey Effenbeck None

Other, not listed: Name/Office Name/Location _____

Please Mark/Circle all requested testing:

Health Fair Panel \$50

(Includes Complete Blood Cell Count, Electrolytes, Glucose, Protein levels, Kidney and Liver Function, Lipid Panel, and a Thyroid Test.)

Additional testing available

HbA1c \$25 (Patients concerned about strong family histories of diabetes, or current diabetics to monitor glucose levels.)

Urine Microalbumin \$20 (Tests for albumin protein in your urine to detect renal disease. Most often done in diabetes and those with chronic renal failure.)

Vitamin D level \$30

PSA \$20 (Prostate Cancer Screening for men 50 yr old and up, earlier for those with family history.)

Inform patients of the following info:

- ✓ If you take any vitamins containing Biotin, discontinue use for 3 days prior to appt.
- ✓ Take medications as usual.
- ✓ Drink plenty of water. No food or other beverages for 12 hours prior to appt.
- ✓ Availability of appts is limited due to supply shortages. If you will not be able to make your appt. Call ahead of time. No shows will not be rescheduled.
- ✓ Payment must be received prior to lab draw.

Registration Form filled out by _____

Patient Registered into CERNER by _____ FIN# _____

Entered into CERNER log by _____