FAYETTE County Memorial Hospital
Care. Attention. Excellence.

HFC Safety Council
Health Fair
Wednesday, January 8, 2020

Please Print

Name	
Address	
Personal email	
Phone	
Date of Birth	
Health Care Provider	Name: Phone:

Laboratory Staff: Please order labs on Account 9999762 (please use test codes listed below)

Yes	Test Name	Fasting Y or N	Test Code (lab use)	Your Cost	Cash/ Check	Payroll Deduct
	Lipid Profile (Total cholesterol, LDL, HDL, Triglycerides)		**LIPID**	**$25**		
	Glucose		**GLUC**	**$5**		
	Hemoglobin A1C (requires purple-top tube)	**N/A**	**A1C**	**$10**		
	Thyroid Stimulating Hormone	**N/A**	**TSH**	**$15**		
	PSA (Prostate Specific Antigen)	**N/A**	**PSA**	**$15**		
	Vitamin D	**N/A**	**VITD25**	**$25**		

I give my permission to have Fayette County Memorial Hospital staff to obtain a blood sample for the purposes of health screening and to provide my information to Pulse. I understand that these health fair blood tests are for screening purposes only and are not diagnostic of any specific health condition or disease. I further understand that it will be my responsibility to share said results with my primary care physician or other health care provider in order for such results to be evaluated and interpreted and for further diagnostic options offered to me if appropriate.

_____ 01/08/2020

Signature **Date**

Fayette County Memorial Hospital
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