JEFFERSON COUNTY HEALTH CENTER
CONTINUOUS WELLNESS TESTING
2000 S MAIN STREET
FAIRFIELD, IA 52556
641-469-4341

NAME: ____

ADDRESS: ____

CITY: ____________________STATE: __________ ZIP: _______________

DOB: _______________SEX: ____________ PHONE: _________________

I HAVE READ AND UNDERSTAND THE FOLLOWING INFORMATION:

- A parent/legal guardian must accompany anyone under the age of 18.
- Tests are being performed at your request.
- Results will not be forwarded to your physician.
- Customer, if 18 or older or parent/legal guardian if under the age of 18 consents to take responsibility for the follow up of abnormal results.
- A physician will review critical test results. A letter of explanation will be included if necessary.
- Results will be sent to the above address by first class mail within one week.

____

SIGNATURE OF CUSTOMER OR PARENT / LEGAL GUARDIAN OF MINOR

TEST / PRICE LIST

Test	Price	Test	Price
☐ HEMOGRAM	$35.00	☐ BLOOD TYPE (ABO AND RH)	$29.00
☐ GLUCOSE *	$18.00	☐ PROSTATE SPECIFIC ANTIGEN	$40.00
☐ CHOLESTEROL *	$18.00	☐ FERRITIN	$40.00
☐ LIPID PANEL *	$40.00	☐ IRON/IRON BINDING	$42.00
☐ TSH	$40.00	☐ VITAMIN B12 *	$40.00
☐ CHEMISTRY PANEL *	$50.00	☐ HEMOGLOBIN A1C	$35.00
☐ LIPID PANEL, ALT, CK *	$62.00	* Individual should be fasting.	

LABORATORY USE ONLY

PAYMENT:

Received by: ___________________

Check #: ________ Cash: __________

Credit Card: _____________________

SPECIMEN / CONDITIONS:

Date collected: ____________________________

Time collected: ___________________________

Collected by: ______________________________

SPECIMEN / TYPE: ________ Fasting _________Non-fasting

Revised 7/8/2020