



Name: \_\_\_\_\_  
 Last First Middle Initial

Address: \_\_\_\_\_  
 Number and Street City State Zip

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Social Security Number: \_\_\_\_\_

Have you or any member of your family been to a Solantic location before?  Yes  No

**I hereby consent to the screening(s) checked below:**

- |   |          |   |              |
|---|----------|---|--------------|
| <input type="checkbox"/> Adacel – <b>TDAP</b>                         | \$60.00  | <input type="checkbox"/> Hep B&C AB, Hep B Core – <b>HEP</b>    | \$65.00      |
| <input type="checkbox"/> Albumin – <b>Alb</b>                         | \$20.00  | <input type="checkbox"/> Hep B Vaccine – <b>Hep B</b>           | \$75.00      |
| <input type="checkbox"/> Alkaline Phospatase – <b>Alkpho</b>          | \$20.00  | <input type="checkbox"/> Hep B Titer – <b>Hep BT</b>            | \$30.00      |
| <input type="checkbox"/> Alt Screen – <b>ALT</b>                      | \$20.00  | <input type="checkbox"/> LH – <b>LH</b>                         | \$30.00      |
| <input type="checkbox"/> Amylase – <b>Amy</b>                         | \$20.00  | <input type="checkbox"/> Menactra – <b>Men</b>                  | \$125.00     |
| <input type="checkbox"/> ANA – <b>ANA</b>                             | \$20.00  | <input type="checkbox"/> MMR – <b>MMR</b>                       | \$75.00      |
| <input type="checkbox"/> Basic Metabolic Profile – <b>BMP</b>         | \$20.00  | <input type="checkbox"/> MMR Titer – <b>MMRT</b>                | \$115.00     |
| <input type="checkbox"/> Blood HCG – <b>HCG</b>                       | \$35.00  | <input type="checkbox"/> Prolactin – <b>Prol</b>                | \$30.00      |
| <input type="checkbox"/> Blood Pressure – <b>BP</b>                   | \$10.00  | <input type="checkbox"/> Protine – <b>INR/PT</b>                | \$20.00      |
| <input type="checkbox"/> Calcium – <b>Cal</b>                         | \$20.00  | <input type="checkbox"/> Prostate Specific Antigen – <b>PSA</b> | \$35.00      |
| <input type="checkbox"/> Cholesterol – <b>Col</b>                     | \$35.00  | <input type="checkbox"/> Rheumatoid Factor – <b>RF</b>          | \$20.00      |
| <input type="checkbox"/> Collection Only – <b>Collection</b>          | \$20.00  | <input type="checkbox"/> Serum Lead – <b>Lead</b>               | \$30.00      |
| <input type="checkbox"/> Comprehensive Blood Count – <b>CBC</b>       | \$35.00  | <input type="checkbox"/> TB Skin Test – <b>TB Skin</b>          | \$25.00/test |
| <input type="checkbox"/> Comprehensive Metabolic Profile – <b>CMP</b> | \$35.00  | <input type="checkbox"/> Take it to Heart – <b>Cardio VI</b>    | \$150.00     |
| <input type="checkbox"/> CPK / CKMB – <b>CPK</b>                      | \$50.00  | <input type="checkbox"/> Tetanus Booster – <b>Tetanus</b>       | \$45.00      |
| <input type="checkbox"/> Creatinine – <b>Crea</b>                     | \$20.00  | <input type="checkbox"/> Thyroid Panel – <b>Thyroid</b>         | \$35.00      |
| <input type="checkbox"/> Iron/TIBC/B12/Fol/Ferritin – <b>Anem</b>     | \$75.00  | <input type="checkbox"/> Uric Acid – <b>Uric</b>                | \$20.00      |
| <input type="checkbox"/> Follicle Stimulating Hormone – <b>FSH</b>    | \$20.00  | <input type="checkbox"/> Urine Drug Screen – <b>DS</b>          | \$35.00      |
| <input type="checkbox"/> Gardasil – <b>HPV</b>                        | \$175.00 | <input type="checkbox"/> Urine Microalbuin – <b>Malb</b>        | \$20.00      |
| <input type="checkbox"/> General Wellness – <b>Wellness</b>           | \$50.00  | <input type="checkbox"/> Urinalysis – <b>Urin</b>               | \$20.00      |
| <input type="checkbox"/> Glucose – <b>GLU</b>                         | \$20.00  | <input type="checkbox"/> Varicella – <b>Varicella</b>           | \$100.00     |
| <input type="checkbox"/> Hemoglobin – <b>AIC</b>                      | \$35.00  | <input type="checkbox"/> Varicella Titer – <b>Vtiter</b>        | \$125.00     |
| <input type="checkbox"/> Hemoglobin/Hematocrit – <b>HemoHema</b>      | \$20.00  |   |              |

**I understand that:**

- If a screening is performed, results are to be considered preliminary only and do not constitute a diagnosis of any medical condition.**
- The responsibility for initiating a follow-up examination to confirm abnormal screen results, obtain advice, or receive treatment is mine and not that of my physician or any organization associated with this screening.**
- I understand there is a physician available, for an additional charge, to discuss the results I receive.**

**Patient Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

FOR OFFICE USE ONLY			
Acct #:	Name of Injection:	(mg)	Site: MA:
Amount:	(circle) ID / SQ / IM	Lot #:	Exp. Date: Time: