

Direct Access Testing Menu – Patient Requested

HAXTUN HEALTH LABORATORY SERVICES | No appointment necessary

Available 7:00 am - 4:30 pm, Monday - Friday

FASTING FOR 2-3 HOURS PRIOR TO LAB TESTING IS RECOMMENDED

| \$75 BASELINE Health Package | \$125 | \$165 ESSENTIAL + For Men | | \$165 □ ESSENTIAL + for Women | | |
|---|----------------------|----------------------------|-------|--------------------------------|--|--|
| Includes: *Blood | Includes: *Blood | Includes: *Blood | Ir | Includes: * Blood | | |
| Chemistry, CBC, and | Chemistry, CBC, A1C, | Chemistry, CBC, A1C, | | Chemistry, CBC, A1C, | | |
| A1C | Vitamin D | Vitamin D, PSA |] | Vitamin D, TSH | | |
| Individual Screenings | | | | Price | | |
| *Lipid Panel, Blood (fasting for at least 2-3 hours is recommended) | | | | \$35.00 | | |
| *Comprehensive Blood Chemistry Panel (CMP) (fasting for at least 2-3 hours is recommended) | | | | \$35.00 | | |
| Complete Blood Count without Differential | | | | \$30.00 | | |
| Diabetes Management | | | | | | |
| Hemoglobin A1C | | | | \$25.00 | | |
| Thyroid | | | | | | |
| Thyroid Stimulating Hormone (TSH) | | | | \$45.00 | | |
| FT4 | | | | \$40.00 | | |
| Miscellaneous | | | | | | |
| Urine Dipstick Chemistry Analysis | | | | \$25.00 | | |
| Blood Typing (ABO/RH) | | | | \$25.00 | | |
| Serum Pregnancy | | | | \$30.00 | | |
| Urine Drug Screen | | | | \$60.00 | | |
| Rapid Strep Screen | | | | \$30.00 | | |
| Vitamin D | | | | \$55.00 | | |
| Prostate-Specific Antigen (PSA) | | | | \$45.00 | | |
| Vitamin B12 | | | | \$25.00 | | |
| Phlebotomy Kit | | | | \$35.00 | | |
| TOTAL | | | | | | |
| I would like to Opt-Out of having my results added to my personal Haxtun Health Record. Please keep my results private to me and not part of my personal health record. Haxtun Hospital District laboratory strongly recommends you review your results with a physician and is not responsible for sending results to any clinicians. | | | | | | |
| Patient Signature: Date: | | | | | | |
| Office Use Only: | | | | | | |
| TOTAL: | Cash | Check | Cred | Credit Card | | |
| Print First Name: | Print Last Name: | Haxtun Health Staff: | Date: | Date: | | |