



# Preventative Labs Test Requisition

625 East Broadway  
Jackson, Wyoming 83001

Appointments are required  
Call 307-739-7531

Fax completed requisitions to 877-205-2024

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Gender: Male/Female/Other Specify: \_\_\_\_\_ Birth sex if different: Male/Female  
Provider Name (Print): \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_

## Preventative Lab Testing Choices

X	Check the testing to be performed	Price
	Chemistry Profile-Fasting is required	\$35
	CBC without differential	\$10
	Hemoglobin A1c	\$10
	Vitamin D-25 Hydroxy	\$30
	Amount due at time of blood draw	

### Consent to be signed at time of Blood Draw:

My signature on this document confirms that I understand this is a self-pay service not payable or billable to insurance whether I am insured or not.

Client/Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_