

Self-Referral Testing Patient Order Form

CHI St. Joseph Health offers a limited number of self-referral laboratory tests that do not require a physician order, but must be paid in full at the time of service. Self-referral tests cannot be billed to insurance or applied toward insurance deductibles.

Date: _____ **Patient Phone:** _____

Patient Name: _____

Patient SSN: _____ **Patient DOB:** _____

Patient Address: _____

Please mark the test(s) you would like below:

- | | | | |
|---|------|--|-------|
| <input type="checkbox"/> Cholesterol | \$13 | <input type="checkbox"/> Lipid Profile | \$35 |
| <input type="checkbox"/> Glucose | \$9 | <input type="checkbox"/> Blood Type/RH | \$83 |
| <input type="checkbox"/> Urinalysis without microscopic | \$10 | <input type="checkbox"/> Urine Drug Screen | \$110 |
| <input type="checkbox"/> Pregnancy Test (serum) | \$19 | <input type="checkbox"/> General Health Panel | \$43 |
| <input type="checkbox"/> Hemoglobin A1c | \$26 | <input type="checkbox"/> Comprehensive Metabolic Panel | \$30 |
| <input type="checkbox"/> Complete Blood Count (CBC) with automated differential | \$19 | <input type="checkbox"/> Measles/Mumps/Rubella IgG | \$42 |
| <input type="checkbox"/> Basic Metabolic Panel | \$21 | <input type="checkbox"/> Thyroid Stimulating Hormone | \$35 |
| <input type="checkbox"/> Hepatitis B Surface Antibody | \$26 | <input type="checkbox"/> Prostate Specific Antigen (PSA) | \$44 |
| <input type="checkbox"/> Varicella IgG | \$29 | <input type="checkbox"/> Vitamin D, 25-Hydroxy | \$50 |

Total: _____