



WALK-IN WELLNESS LAB SCREENING REQUISITION

Available at the following IRMC Locations:

Indiana at Chestnut Ridge (7 am to 8 pm) Northern Cambria (8 am to Noon)
Marion Center (7 am to 3:30 pm) 119 LAB (7 am to 4 pm) IRMC OP LAB (6:30 am to 7 pm)

PATIENT NAME, (LAST, FIRST, MIDDLE INITIAL)			STREET ADDRESS		
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH	TELEPHONE NO.	CITY	STATE	ZIP

Consent to Order Multiphasic Laboratory Tests

I, _____ (please print or stamp) AGREE to participate in the multiphasic screening program performed by Indiana Regional Medical Center, Department of Laboratory Medicine and Sponsored by Indiana Healthcare Foundation

(Signature of practioner) (date)

PRACTIONER STREET ADDRESS	PHYSICIAN CITY	STATE	ZIP
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If you do not have a physician signature above, please select one of the practioners below to review results:

- Jennifer Stirling, CRNP Plumville Medical Center, 188 Main Street Plumville PA 16246
- Jennifer Stirling, CRNP Mahoning Medical Center , 100 Neal Avenue Marion Center PA 15759
- Chris Horner, CRNP Bolivar Medical Center , 802 McKinley Street Bolivar PA 15923

<u>SCREENING:</u>	<u>COST:</u>	<u>MNEMONIC:</u>
<input type="checkbox"/> BASIC WELLNESS SCREEN Glucose Lipid Testing	\$30	BASIC
<input type="checkbox"/> COMPREHENSIVE WELLNESS SCREEN Basic Wellness Screen Tests Above (Glucose and Lipid) Complete Metabolic Screen (Electrolytes, BUN/CR, Liver, Calcium, Protein, Albumin) TSH Complete Blood Count/Automated Diff	\$40	MPSW
<input type="checkbox"/> PSA SCREEN (Males only)	\$30	PSAW
<input type="checkbox"/> HEMOGLOBIN A1C	\$15	A1CW

IMPORTANT:

- You MUST FAST for 12 HOURS
- You may drinks small amounts of water during your fast
- Medications should be taken as prescribed by your physician

Indiana Regional Medical Center's fully licensed and accredited laboratories will conduct the collection of blood samples, analyze those samples, and maintain confidential files on all results.
Your results will be forwarded to the above practioner for review
To comply with the PA Department of Health, results must be sent to a practioner and a copy will be sent to you
These tests are not covered by health insurance

Present check or credit card at time of testing
Make checks payable to the Indiana Healthcare Foundation

FOR INTERNAL USE ONLY:

REGISTRATION

CLIENT REGISTER USING

ICRLABW (If collecting at ICR)

IRMCLAB (If collecting at IRMC or 119)

NCLABWELL (If collecting at Northern Cambria)

MCLABWELL (If collecting at Marion Center)

DROZLABW (If collected at Dr. Drozdiak office)

ORDERING MD

If provided above with signature, otherwise put in NOPCP

LOCATION

LABWELL

REASON FOR VISIT

WELLNESS

PRINT FACE SHEET

Use to document phlebo initials/time/date

ORDER ENTRY

USE LAB ORDERING MODULE

LAB > Laboratory > Requisitions > Enter/Edit Requisitions

LOOKUP LABWELL ACCOUNT

Select the LABWELL Account for patient name

OTHER DOC

Enter the patients name and address (3 Lines only)

RECEIVED

YES

ORDER TESTS

USE MNEMONICS FROM FRONT OF FORM