

Toll Free Ph: (800) 327 – 2764

Integrative Diagnostic Services Request Form

Toll Free Fax: (855) 3494 - PCL

PATIENT NAME <small>LAST FIRST M</small>			SEX M F		FASTING <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF BIRTH			PATIENT S.S. #			
PATIENT PHONE #			DRAW DATE		DRAW TIME <small>AM PM</small>	
PATIENT ADDRESS (STREET ADDRESS, APT)			ADDRESS			
CITY			STATE		ZIP	
MODE OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CLIENT BILL AMOUNT			WOULD LIKE REPORT BY <input type="checkbox"/> FAX #: <input type="checkbox"/> ONLINE ACCESS TO WEB RESULT PORTAL <input type="checkbox"/> EMAIL: (PLEASE PROVIDE EMAIL ADDRESS) <input type="checkbox"/> MAIL:			
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX CREDIT CARD #			EXP DATE		SEC CODE	
			PHYSICIAN SIGNATURE		BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	

PANELS (Please see Page 2 for Panel Description)

- | | | |
|--|---|--|
| <input type="checkbox"/> <i>Advanced Cardiovascular Panel</i> \$125 | <input type="checkbox"/> <i>Chronic Fatigue Syndrome Panel</i> \$575 | <input type="checkbox"/> <i>Musculo-Skeletal Panel</i> \$825 |
| <input type="checkbox"/> <i>Allergy Screening Panel</i> \$550 | <input type="checkbox"/> <i>Chronic Inflammation Panel</i> \$575 | <input type="checkbox"/> <i>Nutritional Assessment Panel*</i> \$500 |
| <input type="checkbox"/> <i>Anemia Panel</i> \$175 | <input type="checkbox"/> <i>Comprehensive Female Hormone Panel</i> \$425 | <input type="checkbox"/> <i>Thyroid Panel</i> \$125 |
| <input type="checkbox"/> <i>Anti-Aging Panel</i> \$575 | <input type="checkbox"/> <i>Comprehensive Male Hormone Panel</i> \$425 | <input type="checkbox"/> <i>Tick-borne Disease Panel</i> \$525 |
| <input type="checkbox"/> <i>Basic Wellness Panel</i> \$125 | <input type="checkbox"/> <i>Comprehensive Wellness Panel</i> \$225 | |

Individual Tests

- | | | |
|---|---|--|
| <input type="checkbox"/> <i>Anti-Nuclear Antibodies (SST) (ANA)</i> \$45 | <input type="checkbox"/> <i>hs-C-Reactive Protein (SST)</i> \$45 | <input type="checkbox"/> <i>Reverse T3 (SST)</i> \$95 |
| <input type="checkbox"/> <i>Anti-TG</i> \$35 | <input type="checkbox"/> <i>Insulin Antibodies (SST)</i> \$100 | <input type="checkbox"/> <i>Testosterone, Total & Free</i> \$90 |
| <input type="checkbox"/> <i>Anti-TPO</i> \$35 | <input type="checkbox"/> <i>Insulin Growth Factor - 1</i> \$100 | <input type="checkbox"/> <i>Testosterone, Total (SST)</i> \$45 |
| <input type="checkbox"/> <i>Co-enzyme Q10 (SST)</i> \$95 | <input type="checkbox"/> <i>Lyme Disease Abs (SST)</i> \$125 | <input type="checkbox"/> <i>Vitamin B12 & Folate (SST)</i> \$70 |
| <input type="checkbox"/> <i>Hemoglobin A1C (LAV)</i> \$35 | <input type="checkbox"/> <i>Prostate Specific Antigen (SST)</i> \$45 | <input type="checkbox"/> <i>Vitamin D, 25 Hydroxy (SST)</i> \$45 |
| <input type="checkbox"/> <i>Homocysteine (SST)</i> \$45 | | |

ALL ORDERS MUST INCLUDE AN ADDITIONAL COLLECTION AND HANDLING FEE OF \$25

SST	USST	SER	FRZ	RED	LAV	SLD	BLU	GRY	GRN	RYB	YEL	BLK	PLS	URN
SPUN	UNSPUN	SERUM TRNSPT	FRZ TRNS	RED	LAVENDER	SLIDE	BLUE	GREY	GREEN	RYL BLU	ACD	BLACK	PLASMA	URINE

