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CONSENT FORM FOR LABORATORY SERVICES

I, _____, Date of Birth, _____

ACKNOWLEDGE AND AUTHORIZE CHRIS SALTER TO PERFORM THE FOLLOWING LAB (S).
 I AM AWARE AND AGREE TO ASSUME RESPONSIBILITY FOR PAYMENT OF CHARGES FOR
 LABORATORY SERVICES THAT ARE NOT COVERED BY MY HEALTHCARE INSURER.

• PROFILE 1(CMP)	• PSA SCREENING
• PROFILE	• PSA DIAGNOSTIC
• PROFILE	• URIC ACID
• PROFILE	• CBC WITH DIFF
• PROFILE	• GLUCOSE
• PROFILE	• PROTINE
• PROFILE	• RPR
• AMYLASE	• VITAMIN D
• B-12	• TESTERONE
• FERRITIN	• AM CORTISOL
• HBGA1C	• TSH
• LIPASE	• OTHER

