REGISTRATION FORM



Community Wellness Expo Thursday, October 5, 2017 6:00 AM - 10:00 AM

Please COMPLETELY fill out the registration form by PRINTING in ink below and bring with you to the Community Wellness Expo.

Only wellness profile work will be drawn at this time. Pre-ordered lab work from a physician will need to be completed through the laboratory department.

Name:	Phone:		
Address:	City:	Zip:	
D.O.B.:			

Circle which service(s) you would like completed. Please allow approximately 1 week for results. Results will be sent directly to you.

- \$40.00 Wellness profile which includes cholesterol panel, comprehensive panel and Thyroid function test (Must have nothing to eat or drink for 12 hours prior to test, with the exception of 2 cups of BLACK coffee, water and morning medications.)
- \$35.00 PSA (MEN only) Screening for prostate cancer
- \$30.00 Flu Vaccination (unless you have Medicare Part B, then there will be no charge. Please have your card available so a copy can be made). We will be unable to accept other cards such as Medicare Advantage, Humana, or PPF contracts.
- Total: _____ Make check payable to Monroe County Hospital & Clinics

Your lab results will be sent directly to you only, so please be sure to include your mailing address. It is important you make arrangements to get them to your physician for interpretation, especially if you have questions regarding your test results. Monroe County Hospital & Clinics will not be responsible for any lab results that are abnormal, and you fail to have your physician interpret.

Please allow approximately 1 week for results.

Signature

Date

