

Low-Cost Lab Fair

PROVIDED BY LINCOLN HOSPITAL AND CLINICS

February 17-21

7:00 am—10:00 am

Lincoln Hospital

Physical Therapy Entrance

10 Nicholls St.

Davenport

If you cannot come in during these hours, please call us at 725-2973. Lab fair prices are only available on the dates listed.

An affordable breakfast is available in the Lincoln Café Express following your blood draw.

Forms are also available for download at www.lincolnhospital.org/services/laboratory

- ✓ **DO NOT EAT or DRINK** anything except water 12 hours prior to the health fair.
- ✓ **Drink plenty of water. This will make drawing your blood easier.**
- ✓ **Medications should be taken as usual.**
- ✓ **It is the patient's responsibility to follow up with their primary care provider to discuss results.**

LINCOLN HOSPITAL

Davenport | Wilbur | Reardan & CLINICS



*Neighbors
for Life!*

THESE TESTS DO NOT REPLACE AN ANNUAL EXAM.

TALK TO YOUR DOCTOR ABOUT WHICH TESTS WILL PROVIDE YOU WITH THE MOST BENEFIT.

CHECK THE TESTS YOU WOULD LIKE PERFORMED, FILL OUT THE FORM, AND BRING IT WITH YOU:

- Coronary Risk Profile with Diabetic Screen:** Test includes cholesterol, triglycerides, HDL, LDL and glucose levels. Price: **\$10**
- Comprehensive Test Profile:** *Test includes the Coronary Risk Profile with Diabetic Screen* (above) **plus** thyroid screen, anemia check, liver and kidney function. Price: **\$38**
- Hemoglobin A1C:** Are you pre-diabetic? Is the A1C test NOT covered by your insurance? This is a screening for diabetes in people who have previously had elevated Fasting Blood Sugar levels. Price: **\$20** *Talk to your primary care provider if you are unsure if this test is right for you.*

The Prostatic Screening (PSA) is no longer being offered during the Low Cost Lab Fair. Please talk to your primary care provider about your need for prostate cancer screening.

These tests may already be covered by your insurance plan. Please check with your primary care provider.

Patient Name _____ Sex _____

Age _____ DOB _____ Telephone _____

Mailing Address _____

Email Address _____

Provider's Name _____

Provider's Phone / Fax _____

Your provider may not contact you about your results. If you would like to speak with your provider after you receive the results of your lab tests, please contact their office to schedule an appointment.

- I would like to receive general health info & Lincoln Hospital and Clinics news in my email inbox.**

*I authorize and consent to the procedures performed for me by Lincoln Hospital. I realize some risks are inherent in these procedures. To keep the costs of this program as low as possible, **billing is cash/check only**. Receipts to submit for insurance reimbursement are available upon request. **Please make checks payable to Lincoln Hospital.***

Patient Signature _____ Date _____