

**Physician:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Billing Option:**  
Bill Physician   
Bill Patient

New Patient   
Existing Patient

**Results Option:**  
Email   
Fax

Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Draw Instructions**

Draw Already Completed     Refer patient to Draw Site     Send Kit to patient     Other

**MALE INITIAL PANEL**  
CBC/Chemistry with HDL  
DHEA Sulfate  
Free T3/Free T4/TSH  
Somatomedin-C  
PSA  
F and T testosterone

**MALE F/U Panel**  
DHEA Sulfate  
Free T3/Free T4/TSH  
Testosterone F & T

**FEMALE INITIAL**  
CBC  
Chemistry with HDL  
Estradiol/Progesterone  
DHEA Sulfate  
Free T3/Free T4/TSH  
Somatomedin-C  
F and T Testosterone

**FEMALE F/U PANEL**  
Estradiol  
Progesterone  
DHEA Sulfate  
Free T3/Free T4/TSH  
F and T Testosterone

**MALE INITIAL II**  
Same as Initial Panel  
Including  
Insulin  
Homocysteine

**MALE F/U II PANEL**  
DHEA Sulfate  
Free T3/Free T4/TSH  
Free and Total Testosterone  
Somatomedin-C

**FEMALE INITIAL II**  
Same as Initial Panel including  
Insulin  
Homocysteine

**FEMALE F/U PANEL II**  
Estradiol  
Progesterone  
DHEA Sulfate  
Free T3/Free T4/TSH  
Free and Total Testosterone  
Somatomedin-C

**MALE COMPREHENSIVE**  
Same as Initial Panel Including  
Cardio CRP  
Homocysteine  
Lipo protein (a)

**CANCER PANEL**  
CA 27.29  
CA 125 II  
CEA  
HCG Tumor Marker

**FEMALE COMPREHENSIVE**  
Same as Initial Panel including  
Cardio CRP  
Homocysteine  
Lipo protein (a)

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual Tests Billed Separately**

- ACTH Plasma
- CBC
- Chemistry /HDL/LDL/VLDL
- Cortisol
- DHEA Sulfate
- Dihydrotestosterone
- Estradiol
- Free T3/Free T4/TSH
- FSH
- Folate

- Homocysteine
- LH
- Lipid Profile
- Progesterone
- Prolactin
- PSA
- PSA, F& T
- Somatomedin-C
- Testosterone F and T
- Hemoglobin A1C

- NTX, urine
- Cardio CRP
- C-Reactive Protein
- Hemoglobin A1C
- Calcium, Ionized
- 17 Hydroxy Preg
- CA 125 II
- CA 15-3
- Heavy Metals

- Magnesium
- Vitamin B12
- Ferritin
- Fasting Insulin
- SHBG
- Other
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*I authorize MedQuestTesting Services (MTS) as my agent to order these tests and receive results I also request a copy of the results be sent to my office as confirmation.*

*Signature* \_\_\_\_\_

# MedQuest Testing Services

669 West 900 North  
North Salt Lake City, UT. 84054  
1-888-556-5567  
Fax: 801-294-1381

## Physician Name:

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Please fill out and sign this form, bring form with you to have blood drawn.

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

## How would you like to receive your lab results?

(Circle One) Email Fax

## CREDIT CARD AUTHORIZATION:

- Visa
- Mastercard
- American Express
- Discover

Card No.:

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

I hereby authorize MedQuest Testing Services to charge my credit card for the cost of lab work.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CHECK INFORMATION

Check Paid:  Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Make checks payable to **MedQuest Testing Services. NO CASH!**

If you need dollar amount for tests, contact MTS at 888-556-5567

**PATIENT AUTHORIZATION FOR RELEASE OF  
LABORATORY TEST RESULTS**

Physician Name:

Patient Name: (Please Print)

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Last	First	Middle	Date
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I hereby authorize Quest Diagnostics and duly authorized agents and employees to release information pertaining to my medical laboratory testing to MTS. I understand that Quest Diagnostics and its directors, officers, employees or agents cannot be responsible for confidentiality of testing information once such information is released by this authorization and I hereby release them from any liability arising from such disclosure. All results released by MTS will be kept confidential.

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Signature of Patient	Date
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Release to:  
MTS  
669 West 900 North  
North Salt Lake City, UT. 84054  
Voice: 888-556-5567  
Fax: 801-294-1381