PERSONAL HEALTH PARTNERS
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TULSA, OK 74133
918-872-9499
WWW.URHEALTHPARTNER.COM

2019 Eat Rite
Health Promotion Center

PERSONAL HEALTH PARTNERS

Last Name	First Name	MI
SS# X X X - X X - __ __ __ __	Birthdate __ __ - __ __ - __ __	Phone (__ __ __) __ __ __-__ __ __ __
Mailing Address	City	State / ZIP
Male ____ Female ____	Are You Fasting? Yes ____ No ____	
Check if you have any of these conditions: Diabetes ____ Cancer ____ Thyroid Problems ____ Elevated PSA ____		

Test	Price	Test	Price
Basic Health Profile: Homocysteine, Lipid Panel, CMP14	$65	**Health Profile**: Homocysteine, Lipid Panel, CMP14, TSH, HgbA1C	$100
Comprehensive Health Profile: Homocysteine, Lipid Panel, CMP14, GGT, TSH, Thyroid Panel, HgbA1C, Uric Acid, Magnesium, hsCRP, Ferritin	$160	**Women's Health Profile**: Health Profile + CA-125	$135
Men's Health Profile: Health Profile + PSA	$115	**Hormone Profile**: Estradiol, Progesterone, Testosterone	$125
Inflammation Profile: ANA, Rheumatoid Factor, Sedimentation Rate	$65	**NMR**: Expanded Lipid Profile See information handout	$125
Vitamin B12	$45	**Vitamin D, 25-Hydroxy**	$90

Waiver / Release of Liability

In consideration of my desire to participate in the Personal Health Partners program, I hereby consent to the drawing of a blood sample necessary for any test procedure that I request.

I hereby release Personal Health Partners, other participating organizations, their directors, officers, employees (salaried or temporarily hired), successors & assigners of any & all liability arising from, or in any way connected with any of the testing procedures, collection thereof or from the information derived from such.

I understand that, although all testing will be done by professionally qualified & licensed Oklahoma medical laboratories & personnel, the tests I may choose are not meant to be diagnostic or to replace any test ordered by a physician; & does not constitute a complete medical examination or a diagnosis of a medical problem.

I also understand that I should take my results, whether positive or negative, to be reviewed by and acted upon by a physician or other health care provider of my choice.

Signature: _____ **Date:** _____

Indicate Any Additional Tests Requested

HsCRP- $35 ( ) CA-125- $55 ( ) Ferritin- $35 ( ) Free T3- $65 ( ) Free T4- $35 ( ) TPO - $35 ( ) ABO/RH Type - $25 ( )
PSA- $35 ( ) TSH- $35 ( ) Homocysteine- $65 ( ) Total Testosterone- $55 ( ) Free Testosterone- $125 ( ) CMP14- $30 ( )
HgbA1C- $35 ( ) CBC- $20 ( ) Lipid Panel- $30 ( ) ANA- $35 ( ) T3 & T4 $25 ( ) Magnesium $25 ( ) CPK $35 ( ) Iron - $25 ( )
Uric Acid - $20 ( ) ADD: CBC to any profile - $10 ( )

Notes/Other Tests:_____