



CENTRAL MONTANA MEDICAL CENTER

2025 CMMC Annual Community Lab Screening Registration/Consent

Name: _____ Male ___ Female ___

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Age: _____ Date of Birth: _____

Consent: I authorize representatives of CMMC to collect, by venipuncture, a blood specimen for the purpose of analysis of the following tests: **Please select the desired tests:**

Table with 7 columns: Mark Appropriate Tests, Date of Service, Place Of Service, CPT Code, ICD-10, Charge, Tests. Rows include Complete Metabolic Panel, Lipid Panel, CBC with automated Differential, PSA(Men Only), Thyroid Test (TSH), Vitamin D Total, 25-OH, Hemoglobin A1C.

For chemistry screens, please fast for 8-12 hours. You may drink normal amounts of water.

Chemistry Screen: Includes glucose, general electrolyte, liver and kidney function

Lipid Panel: Includes cholesterol

CBC: Screens for anemia, infection & leukemia's

Prostatic Specific Antigen (PSA): Prostate screen (MEN ONLY)

Thyroid Stimulating Hormone (TSH): Thyroid Screen

Vitamin D Total, 25-OH: Screening for Vitamin D deficiency

Hemoglobin A1C: Average amount of sugar (glucose) in your blood over the past 2 to 3 months

I release the aforementioned persons performing such collection, analysis and reporting from any and all liability for injury or damage associated with the above procedures.

I accept all responsibility for seeking medical treatment from a healthcare provider of my choice in the event of abnormal laboratory results.

- I understand that payment is due at the time of service.
I understand that the CMMC lab will mail my results to me within 2 weeks of my lab draw.
I understand that CMMC will NOT file my insurance; however I can submit these labs to my insurance.

Initial here if you want your CMMC physician to be able to have access to these results: _____

Patient Signature: _____ Date: _____

Patients Representative: _____ Relationship _____ Date _____

Witness: _____ Date: _____

To Be Completed by CMMC: Amount Paid: \$ _____ Check# _____ Mark if Cash _____