

Low-Cost Lab Fair

PROVIDED BY LINCOLN HOSPITAL AND CLINICS

- ✓ **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!

February 18-22

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.*

*A full breakfast is available in the Lincoln Café
Express for \$4 following your blood draw.*

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**
- Prostatic Screen:** A blood test for men to check for possible cancer. Price: **\$20**
- NEW! Hemoglobin A1C:** Are you pre-diabetic? Is the A1C test NOT covered by your insurance? This is a screen for diabetes in people who have previously had elevated Fasting Blood Sugar levels. Price: **\$20** *Talk to your doctor if you are unsure if this test is right for you.*

These tests do not replace an annual exam.

Patient Name _____ Sex _____

Age _____ DOB _____ Telephone _____

Mailing Address _____

Physician's Name _____

Physician's Phone / Fax _____

*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.

Website

Patient Signature _____ Date _____