

CRHC Wellness Fall Labs Draw Registration Form

October 8th & 10th, 2019 | 6-9 am @ CRHC

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ Zip: _____

Telephone: _____ E-Mail Address _____

Age: _____ DOB: _____ Gender: _____

PLEASE MARK THE LAB TESTS YOU WOULD LIKE PERFORMED

Wellness Screen* (22 blood tests)	\$40	_____
Prostate Screen (PSA-men only)	\$20	_____
Hemoglobin A1C (Diabetic)	\$20	_____
Vitamin D 25 OH (Vitamin D deficiency)	\$30	_____
Colorectal Screen	\$ 5	_____
Total Amount Due	\$\$	_____

Check the date you plan to attend: Tuesday, October 8th: _____ Thursday, October 10th: _____

Please mail completed Blood Draw Registration Form to:

Clarinda Regional Health Center
ATTN: Wanda Isaacson
220 Essie Davison Drive P.O. Box 217
Clarinda, IA 51632

DO NOT SEND MONEY WITH REGISTRATION FORM

***Wellness Screen includes: Cholesterol, Blood Sugar, Thyroid,
Complete Blood Count, Electrolytes, and more.**

*Flu Shots are available (Billed to insurance or self pay)

***For accurate results a 10-12 hour fast is required for lab test.**

[Black coffee and water are okay]



With questions call (712)542-8365
or email wisaacson@clarindahealth.com

WALK-INS WELCOME