

AFFORDABLE LABS INC.

850 North Milwaukee Ave. Suite #208

Vernon Hills, IL 60061

(P) 847-367-8636 | (F) 847-362-5393



Patient Name _____

Address _____

City/State/Zip _____

Phone _____

Date of Birth _____

Gender _____

I understand that I am responsible for all charges relating to lab work done today at Affordable Labs Inc. Affordable Labs Inc. is not contracted with any insurance companies. I will be responsible for the charges accrued today, plus a processing fee for any returned checks or credit card transactions.

I agree to have blood or other laboratory tests run. Interpretation of the lab results is *not* the responsibility of Affordable Labs Inc. and is the responsibility of my personal physician. **I understand that a physician is the only one who can truly evaluate the lab results and that merely reviewing the lab result sheet reference ranges does not take the place of medical judgement or physical examination.**

Patient / Representative Signature

Date

If the patient listed above is a minor or is unable to sign and you are a parent, legal guardian, or personal representative signing on behalf of this patient, please sign above and complete the following:

Print Name

Relationship to patient