



STHS WELLNESS HEALTH SCREENINGS

Direct-to-Consumer Lab Panels

McAllen Medical Center
301 W. Expressway 83
McAllen, TX 78502
(956) 971-5880
CLIA #45D0660531

Edinburg Regional Medical Center
1102 W. Trenton Rd.
Edinburg, TX 78539
(956) 388-6710
CLIA #45D0503580

STHS Weslaco FED
330 W. Expressway 83
Weslaco, TX 78599
(956) 975-2325
CLIA #45D2082858

STHS Mission FED
900 E. Expressway 83
Mission, TX 78572
(956) 271-1200
CLIA #45D2082866

WELLNESS PANELS *When fasting is required – fast for 10-12 hours*

<input type="checkbox"/>	Heart Screen- Lipid Panel (<i>Must be Fasting</i>) Total Cholesterol, HDL, LDL, Triglycerides, Risk Assessment.	\$15	<input type="checkbox"/>	Diabetes Screening (<i>Must be Fasting</i>) Glucose and Hemoglobin A1C, w/estimated average glucose.	\$15
<input type="checkbox"/>	Complete Wellness Screen (<i>Must be Fasting</i>) Comprehensive Metabolic Panel, Lipid Panel, Liver Function Panel, Renal Panel, Iron and Complete Blood Count (CBC).	\$20	<input type="checkbox"/>	Thyroid Panel TSH, T3 Uptake and T4.	\$20
<input type="checkbox"/>	Men's Health Check (<i>Must be Fasting</i>) Complete Wellness Screen and Prostate Specific Antigen (PSA) to screen for prostate cancer. Recommended for men over 40 yrs.	\$30	<input type="checkbox"/>	Anemia Panel CBC, Vitamin B12, Ferritin, Folate, Iron.	\$30
<input type="checkbox"/>	Women's Health Check (<i>Must be Fasting</i>) Complete Health Screen and Thyroid-stimulating Hormone (TSH) often used to evaluate thyroid function.	\$30	<input type="checkbox"/>	Rubeola AB IGG (Measles Titer)	\$15
<input type="checkbox"/>	Lipid/Glucose Panel (<i>Must be Fasting</i>)	\$15	<input type="checkbox"/>	Flu A & B Panel	\$30

SINGLE TESTS

<input type="checkbox"/>	Hemoglobin A1C	\$11	<input type="checkbox"/>	Iron	\$10
<input type="checkbox"/>	Protime (includes INR)	\$8	<input type="checkbox"/>	Pregnancy Test – Urine (positive or negative)	\$12
<input type="checkbox"/>	Testosterone Free	\$28	<input type="checkbox"/>	Thyroid Stimulating Antigen (TSH)	\$25
<input type="checkbox"/>	Testosterone Total	\$27	<input type="checkbox"/>	Urinalysis	\$7
<input type="checkbox"/>	Prostate Specific Antigen (PSA)	\$15	<input type="checkbox"/>	Complete Blood Count (CBC)	\$14
<input type="checkbox"/>	High Sensitivity C-reactive Protein (HS CRP)	\$15	<input type="checkbox"/>	Microalbumin	\$10
<input type="checkbox"/>	Helicobacter Pylori	\$17	<input type="checkbox"/>	Vitamin D	\$25
<input type="checkbox"/>	Glucose (<i>Must be Fasting</i>)	\$7	<input type="checkbox"/>	Rapid Strep A	\$15
<input type="checkbox"/>	Occult Blood (each)	\$6	<input type="checkbox"/>	Vitamin B12	\$15

Total Collected: _____ **Collected By:** _____ **Check:** _____ **Cash:** _____

Referring Physician Name _____

Ordering facility/Address for report:

Patient Id - Label

The under signed understands that STHS provides screening services only and in no way substitutes the assessment and care of a physician. I hereby waive any and all claims against STHS Wellness Program.

Patient Signature _____

Date _____