



Paperwork must be returned to HealthWorks

Thank you for choosing to participate in the health screening offered through your company.

How to schedule a Blood Draw Appointment:

1. Find a LabCorp location:

- a. Go to www.LabCorp.com
- b. To find a location near you:
 - Enter your zip code
 - Select Service: "Employee Wellness with Body Measurement" & Click "Go"
- c. Select the location of your choice
- d. Schedule an Appointment
 - Select Fasting Status: Y / N
 - Choose Date & Time
 - Complete Patient Information
 - Financial Details Page: Select "I have already paid or someone else is responsible"
 - Complete Contact Information
 - Review appointment details and create appointment

- 2. Remember to **BRING THE REQUISITION FORM** to your LabCorp appointment.** They will not draw your blood without it. On the form, please complete the highlighted areas ONLY. (Name, Sex, DOB, Last 4 SSN#)

The Day of Your Screening:

- For accurate results, you must fast 8-10 hours prior to screening (black coffee and plain tea are okay).
- Drink plenty of water and take any prescribed medications as directed by your physician.
- **PLEASE DO NOT MARK ANY ADDITIONAL TESTS WITHOUT CONTACTING OUR OFFICE FIRST. If you are interested in additional test(s), please call HealthWorks at 513-751-1288 with your credit card information.**
- If your company requires your spouse to screen offsite, they need their own HealthWorks account. Please do NOT share paperwork. This allows HealthWorks to process your results separately.

QUESTIONS please call: 513-751-1288 or email offsite@cincyhealthworks.com

In Good Health,
HealthWorks Staff



To find the nearest patient
service center, visit
www.labcorp.com or call
888-LABCORP (888-522-2677)

Cincy HealthWorks
4350 Glendale-Milford Road, Suite 110
Blue Ash, OH 45242
513-751-1288 OH

Send additional copy of report to:

☐ Fax _____ () _____
☐ Call Physician Name Physician Phone/Fax
☐ Mail _____
Physician Address

City, State, Zip

1366472821- Buring, Robert

CHECK ONE

03 [X] ACCOUNT BILL

ACCOUNT#: 34552385

TAKE THIS FORM WITH YOU TO LABCORP!

Complete highlighted fields.

| | | | | | |
|--------------------------------------|-----------------|-------------------------|------------------------------|---|-----------------|
| Patient Legal Name (Last, First, MI) | | SEX M / F | Date of Birth (MM, DD, YYYY) | Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No | Collection Date |
| NPI | Physician's ID# | Patient's ID# - 2674 | | Hospital Patient Status | |

- ☒ **030932 CMP 12+LP+6AC+CBC/D/PLT**
☐ 006049 ABO GROUPING AND RHO (D) TYPING
☐ 002303 CANCER ANTIGEN (CA) 125

☒ **120766 C-REACTIVE PROTEIN, CARDIAC**

☒ **001453 HEMOGLOBIN A1C**

☐ 140659 HEPATITIS C VIRUS (HCV)

☒ **004333 INSULIN**

☐ 010322 PROSTATE SPECIFIC AG, SERUM

☐ 004226 TESTOSTERONE, SERUM

☐ 000620 THYROID PANEL WITH TSH

☐ 004259 TSH

☐ 001503 VITAMIN B-12

☐ 081950 VITAMIN-D, 25-HYDROXY

☐ 070322 NICOTINE METABOLITE, SERUM

☒ **101300 BIOMETRICS**

☐ 239804 CMP12+LP+6AC+CBC/D/PLT

☐ 239896 CMP12+LP+6AC+CBC/D/PLT

☐ 239907 CMP12+LP+6AC+CBC/D/PLT

☐ OTHER: _____

Enter Last 4 SSN Here

You could be charged for additional tests.

**PLEASE DO NOT mark any additional tests
without calling HealthWorks first at
513-751-1288!!**

FOR USE BY CINCY HEALTHWORKS ONLY BIOMETRICS: DIABETIC:_____ PREGNANT:_____

HEIGHT:_____(inches) WEIGHT (lbs):_____ WAIST (inches):_____ BP:_____(systolic) _____(diastolic)