



Paperwork must be returned to HealthWorks by: 12/31/2023

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

USE THIS FORM ONLY NOVEMBER 1ST 2023 AND AFTER



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 OHI

Send additional copy of report to:

<input type="checkbox"/>	Fax	_____	() _____
<input type="checkbox"/>	Call	Physician Name _____	Physician Phone/Fax _____
<input type="checkbox"/>	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# - 2522		Hospital Patient Status	

Please enter Last 4 SSN here

- ☒ **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)
- ☐ 242117 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: _____

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)

USE THIS FORM ONLY NOVEMBER 1ST 2023 AND AFTER