

LOW DEDUCTIBLE LAB PROGRAM EMPLOYEE HEALTH

REGISTRATION STAFF –

1. ENCOUNTER PROVIDER IS EMPLOYEE HEALTH
2. MD IS EMPLOYEE-RUSHTON, HEALTH
3. PLEASE ADMIT TO EMPLOYEE HEALTH SERVICE
4. INSURANCE IS EMPLOYEE HEALTH
5. POLICY NUMBER IS THE SS #
6. PLEASE ASK EMPLOYEE WHO IS PRIMARY CARE PROVIDER. A COPY OF THE LAB IS TO GO TO THE PRIMARY CARE PROVIDER. PLEASE INDICATE THIS IN THE REGISITRATION PROCESS.

ORDER:

TOTAL CHOLESTEROL
TRIGLYCERIDES
HDL
LDL
FASTING GLUCOSE
HEMOGLOBIN A1C