

Please Print	□ Male
Name:	MI · Female
Address:	
City: State:_	Zip:
Phone: Date o	f Birth:/
Email:	
Results	
How would you like to get your test results?	
Mail (Most results are received within two weeks/USPS)	who referred us to you:
Fax to Doctor:	
Fax #:	
Phone #:	
Pick Up / I Authorize Email:	to Pick Up My Results.
HIPAA COMPLIANCE: Healthchek uses a secure encrypted email service for results. You have 30 days to view and save your results. We will not mail results if you select them to be emailed, thank you for helping us to maintain our low prices.	
Authorization & Consent	
y signing below: I authorize Healthchek to perform health testing as part of a wellness screening program. I understand that in no way does Healthchek propose, diagnose, or recommend medical treatment. I understand that it is my responsibility to contact my personal physician to follow through with these test results. I relieve Healthchek and its employees from any liabilities relating to the confidentiality of my personal test results. I authorize Healthchek to release my test results to any named recipients listed above. I authorize Healthchek to send my test results using the methods of delivery I have identified above.	
Signature:	Date: