

RECEIPT FOR SERVICES – COMPREHENSIVE URINE TESTING

PATIENT INFORMATION:

Patient name:

Patient Address:

TEST INFORMATION

Date:

Urine Test Profile: Comprehensive Hormone Profile

Procedure Code	Analyte	Description	Charge	
84135	b-Pregnanediol	Assay of pregnanediol	\$26.92	
82160	Androsterone	Assay of androsterone	\$26.92	
84403	Testosterone	Assay of total testosterone	\$26.92	
82542	a-Androstanediol	Column chromatography quant	\$26.92	
82679	16-Hydroxyestrone	Assay of estrone	\$26.92	
82670	Estradiol	Assay of estrogens	\$26.92	
82677	Estriol	Assay of estrogens	\$26.92	
82530	Cortisol (x4)	Cortisol free	\$26.92	
82570	Creatinine (x4)	Assay of urine creatinine	\$26.92	
83789	Cortisone (x4)	Mass spectrometry quant	\$26.93	
82626	DHEA	Dehydroepiandrosterone	\$26.93	
83491	b-Tetrahydrocortisone	Assay of corticosteroids 17	\$26.93	
82696	Etiocholanolone	Etiocholanolone	\$26.93	
Payment Method:	<input type="checkbox"/> Cash	Total Charges:	\$350.00	
	<input type="checkbox"/> Check		Payment:	\$350.00
	<input checked="" type="checkbox"/> Charge			Balance Due:

LABORATORY:

Precision Analytical
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