

Fulton Center for Women's Health

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LABORATORY SERVICES CONSENT

Your provider may deem it necessary to obtain certain laboratory studies for your healthcare management. Some, and, or all of these tests may or may not be covered by your medical insurance plan. Some may or may not be considered part of your wellness benefit or global obstetric package.

In the event that these tests are not covered, I understand that I will be responsible for the bill.

Patient Signature: _____ Date: _____

Date of Birth: _____