REGISTRATION FOR 2023 MULTI-PHASIC BLOODSCREENING

Fill in ALL the information fields below. Please PRINT legibly. Make extra photo-copies if more are needed. MAIL THE COMPLETED FORMS & PAYMENT CHECK BY THE DATE LISTED IN INSTRUCTIONS, TO: Punxsy Rotary Club, PO Box 306, Punxsutawney, PA 15767

Cost = \$70.00 for the bloodscreen panel. OPTIONAL tests for A1C Hemoglobin ADD- \$15.00 And the PSA prostate test (only for men over 40) ADD - \$22.00. Please do not send cash

Make checks payable to: "Punxsy Rotary"

First Name				Middle Initial	7
Last Name ** <i>Must be 18 years of age</i> Birth Date Month: Are you eligible for Mo	Date: Year:	recommend Hemogloba A1C (Add \$15 o (If no leave bla	an ptional)	Male	Female
Mailing Address					
City		State	L	Zip Code]
Return Phone No	PSA For men (Add \$22 optional): (If no leave blank)			over 40 Only: Yes:	
First & last nam Medical Provider	e of your PCP or medical provider:				
Have you seen your primary care provider in the last 12 Months? Yes No					
CHOOSE ONE (1) OF THE TIME PERIODS BELOW FOR YOUR PREFERRED TIME: Appointments will be made on a "first come, first serve" basis. If your chosen time slot has been filled, you will be called back and given the next available appointment time. Please arrive during your selected/scheduled period, not earlier.					
SATURDAY,	<u>, July 15th, 2023 (late am times only)</u>	**Must be	<mark>received b</mark>	y July 8th**	
8:00 am to 8:40 am:	8:45 am to 9:15 am:	9:20 to 10:00 am:			
SATURDAY	**Must be received by July 15th**				
6:00 am to 6:30 am:	6:35 am to 7:05 am:	7:10 am to 7:40 am:			
	8:20 am to 8:50 am:			_	