

2024 Punxsy Rotary Community Multiphasic Blood Screen Registration

- Complete entirely information fields below
- Print legibly
- If needed, photocopy both sides of this form or download & print additional copies from the Rotary website: www.punxsyrotary.com

First Name	Middle Initial	Last Name	Suffix Ex: Sr./Jr.
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Birth Date	Month	Day	Year	<input type="checkbox"/> Female	<input type="checkbox"/> Male
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Mailing Address:

City/State/Zip:

Telephone Number: ()

Medical Provider
(First & Last Name of your Primary Care Provider)

Have you seen your Primary Care Provider in Last 12 Months	Yes	No
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Are You Eligible for Medicare	Yes	No
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Mail-In Instructions

1. Make checks (no cash) payable to "Punxsy Rotary" and mail everything to Punxsutawney Rotary, P.O. Box 306, Punxsutawney, PA 15767
2. Include a #10 size (4 1/8" x 9 1/2") or larger self-addressed & stamped envelope with your registration form(s).
3. Rotary will schedule your appointment and return a confirmation using the stamped and addressed envelope you provide.
4. Otherwise, your confirmation will be available during check-in on the day of your appointment.

[Continue to Registration Test Choices on Back of Form](#)

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Select Only One Test Choice & Use a Separate Form for Each Person Being Registered

Female Registration Options: Check One Box

- Options for Female registration including \$90.00 for All Services, \$73.00 for Multiphasic Panel + Optional A1C Hemoglobin (No TSH), \$72.00 for Multiphasic Panel + Optional TSH (No A1C), and \$55.00 for Multiphasic Panel and No Optional Tests.

Male Registration Options: Check One Box

- Options for Male registration including \$115.00 for All Services, \$98.00 for Multiphasic Panel + Optional A1C & PSA for Age 40+ (No TSH), \$97.00 for Multiphasic Panel + Optional TSH & PSA for Age 40+ (No A1C), \$90.00 for Multiphasic Panel + Optional TSH & A1C (No PSA), \$80.00 for Multiphasic Panel + Optional PSA for Age 40+ (No TSH and A1C), \$73.00 for Multiphasic Panel + Optional A1C Hemoglobin (No TSH and PSA), \$72.00 for Multiphasic Panel + Optional TSH (No A1C and PSA), and \$55.00 for Multiphasic Panel and No Optional Tests.

CHOOSE ONE (1) PREFERRED TIME PERIOD BELOW:

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, July 13, 2024 / **Must be received by July 6th**

8:00 am to 8:40 am: _____ 8:45 am to 9:15 am: _____ 9:20 to 10:00 am: _____

SATURDAY, July 20, 2024 / **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: _____
7:45 am to 8:15 am: _____ 8:20 am to 8:50 am: _____ 8:55 am to 9:30 am: _____