

Luna Beck, M.D.

Board Certified Internal Medicine

In-House-Labs Consent Form

Today's Date: _____

Patient Name: _____

I have agreed to have the office of Dr. Luna Beck, MD perform my laboratory tests.

I am aware that I will be responsible for the costs of any tests that are performed.

The basic testing costs **\$120.00** and is due on the day of testing. Any additional testing that may be performed is billed separately and will be mailed to me.

I fully understand this is being done as a courtesy to me.

Signing below means that you understand this notice and agree to payment of this testing as stated above.

Signature

Date Signed
