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We send all lab work to LABCORP. If your insurance is not accepted at this facility, it is your responsibility to let us know. We cannot be responsible for lab bills that are denied by your insurance.

All Pap Smears, biopsies, blood work, cultures, etc. will be done by LABCORP. If you have any questions, please see a member of the nursing staff.

_____ You may send my labs to LABCORP

_____ Other instructions:

Signature: _____ Date: _____

Witness: _____ Date: _____