

Oak Hills Women’s Center, P.A.

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Consent for Laboratory Specimen Collection

During your visit it may be deemed advisable by your provider to collect specimens (pap smear, biopsy, culture, blood work, etc.) in order to adequately diagnose and treat you. Your signature (patient and/or guardian) gives permission to Oak Hills Women’s Center, P.A. to collect such specimens and send them to laboratory for analysis. Please make sure at the end of your visit that you understand which specimens are being submitted to the lab on your behalf (pap smear, STD testing, bloodwork, etc.)

You may receive a bill from the laboratory. You are expected to know your insurance’s preferred laboratory and to provide this information to the medical assistant at your visit. Unless otherwise specified, we will send blood work and most samples collected to BioReference/GenPath Laboratories.

If you prefer for your specimens to be sent to a different lab, please indicate the name of the lab here: _____

You understand that Oak Hills Women’s Center, P.A. and the laboratory corporations (including, but not limited to, BioReference, Quest, Lab Corp, etc.) are separate entities and therefore bill separately for services rendered. Oak Hills Women’s Center, P.A. will not be held financially responsible for services billed by the laboratories.

You are recommended to contact your insurance provider, and/or the laboratory if questions or concerns arise regarding billing of lab specimens.

Patient Name: _____

Patient Signature: _____

Date: _____