



SCHNEIDER REGIONAL
MEDICAL CENTER

ROY LESTER SCHNEIDER
HOSPITAL

MYRAH KEATING SMITH
COMMUNITY HEALTH CENTER

CHARLOTTE KIMELMAN
CANCER INSTITUTE

Food Handler/Health Card O&P specimen process form only

(Must be completed before dropping off specimen to SRMC lab)

Drop off date: _____

Patient Name: _____

Date of birth: _____ (check one) Male _____ Female _____

Phone number: (____) _____

Physical Address: _____

Mailing address: _____

Physician: Dr. Marilyn J. Nutter

A GOVERNMENT ISSUED ID IS REQUIRED FOR REGISTRATION

(i.e. Driver's license, Passport, Resident Alien card or Military ID)

Acknowledgement Statement:

If an abnormal result is reported you will need to be seen by a physician before you will be able to receive a health card. Please sign below in acknowledgement.

Patient Signature: _____ Date: _____

Office use only:

CR# _____