

**CLINICAL PACKAGE REFERRAL FORM**

Name: \_\_\_\_\_ Program: \_\_\_\_\_ SID: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

**Appointments are scheduled in advance at these locations by contacting UHMS at 718-246-6450**

University Health & Medical Services (UHMS)  
 175 Willoughby St (entrance on Fleet Street)  
 Monday - Friday 9:30am - 1:00pm & 2:00pm - 4:30pm

The Brooklyn Hospital Center Family Practice  
 121 Willoughby St 1st Floor  
 Tuesdays & Wednesdays 5:00pm - 7:00pm

Check one of the following levels of service:

- New Medical Services Student Package** (Includes: Medical History, Physical Examination, PPD/Mantoux or TBS, Rubella Titer, Measles Titer, Mumps, Titer, Varicella Titer, Hepatitis B Surface Antibody Screen, Tetanus Toxoid, Flu Shot and Forensic Toxicology) \$150.00
- Returning Medical Services Student Package** (Includes: Medical History, Physical Examination, PPD/Mantoux, Flu Shot and Forensic Toxicology) \$75.00

**Individual -Please check off required individual exams:**

_____	Medical History/Physical Examination	\$35.00
_____	PPD /Mantoux	\$20.00
_____	Chest X-Ray (PPD Date: _____ PPD Result: _____ )	\$40.00
_____	Tuberculosis Screening Questionnaire	\$20.00
_____	QuantiFERONTB Gold Blood Test	\$40.00
_____	Respirator Fit Test	\$40.00
_____	Forensic Toxicology Drug Screen	\$32.00
_____	Urinalysis	\$15.00
_____	Complete Blood Count (CBC)	\$18.00
_____	Rubella Titer	\$22.00
_____	Measles Titer (Rubeola)	\$22.00
_____	Mumps Titer	\$27.00
_____	Varicella Titer	\$27.00
_____	Varicella Vaccine	\$97.00
_____	MMR Vaccine (Measles, Mumps, Rubella)	\$65.00
_____	Hepatitis B Antibody Screen	\$22.00
_____	Hepatitis B Vaccine	\$65.00
_____	Tetanus Toxoid	\$75.00
_____	Seasonal Flu Vaccine	\$21.00
_____	Sickle Cell Test	\$15.00

Total Cost of Examination: \_\_\_\_\_

Self-Pay: \_\_\_\_\_

Insurance \_\_\_\_\_

Please provide a copy of your card