



*Healthy Children, Healthy Communities*

## **Informed Consent of Ancillary Services**

**I understand that my child, \_\_\_\_\_, may need immediate lab test(s) performed. I have marked the facility of my choice below.**

\_\_\_\_\_ **The Children's Clinic of Lufkin**

\_\_\_\_\_ **CHI St. Luke's Health Memorial Hospital**

\_\_\_\_\_ **Woodland Heights Medical Center**

\_\_\_\_\_ **Quest Diagnostics (Urine Cultures only)**

**An additional co-pay for CHIP patients will apply at the Children's Clinic.**

\_\_\_\_\_  
**Parent's Signature**