

SELF PAY TEST ORDER

PATIENT NAME: _____

\$0 PAP ONLY

\$65 HPV

\$90 CHLAMYDIA AND GONORRHEA

\$60 AFFIRM TEST

\$65 URINE CULTURE

\$75 HERPES CULTURE

\$145 HERPES SERUM

\$30 HIV

\$75 HEPATITIS PANEL

\$30 RPR

\$150 ENDOMETRIAL BIOPSY