Mercer Health

800 West Main Street
Coldwater, Ohio 45828
Telephone: 419-678-5112
Form 396 Revised: 10/2026

Patient Label

Radiology Cardiovascular Screening

Participant Name:	
Date of Birth:	
Gender:	Circle one: Male Female
Send my test results via:	Circle one: MyChart MyChart + Mail

AUTHORIZATION

I request and authorize Mercer Health Radiology Department to perform the screenings/tests as indicated on this form. I understand that this testing will not be directly linked to any order obtained through a provider. Mercer Health will not diagnose or recommend specific medical treatment through this testing but is merely acting as a resource to provide this voluntary informative service.

RESPONSIBILITY

I understand my provider will only view results of these tests when I choose to share the information with them. The screenings/tests performed through this Direct Access Testing (DAT) will NOT be viewed automatically by a provider like those results directly linked to a provider's order. However, I understand that these test results will be included in the complete medical record chart kept at Mercer Health and may be viewable by my health care provider. I understand that some of these tests may not be completed due to body habitus or internal artifacts. I am releasing all agents, employees, and volunteer personnel involved in this DAT process from any and all liability for the results or any treatment I may receive from a provider based upon the information provided by this service. In the event of a blood-borne exposure, I hereby consent to participate in the procedures associated with that policy and will obtain results of that additional testing. The costs listed on this form **will not be submitted to my insurance**, and I agree to pay for the services at the time of registration. By signing below, I certify that I have read and fully understand the above.

_____ **Initials**

VASCULAR ULTRASOUND SCREENINGS

Includes the following tests: Carotid Arteries Screening, Abdominal Aorta Screening and Peripheral Arteries Screening.

_____ $50 **Vascular Ultrasound Screenings**

HEART SCORE CT SCANS

Also known as a Coronary Calcium Scan

_____ $80 **Heart Score CT Scans**

$_____**TOTAL DUE** Checks Payable to Mercer Health
Tax ID# 34-1101385

REGISTRATION USE:

Payment received by:	Circle payment type:
	Credit Card Cash Check# _____

PLEASE NOTE

These screenings are intended for long-term risk assessment and are not designed to evaluate acute or symptomatic conditions. If you are experiencing symptoms or have an urgent health concern, please consult a healthcare provider for appropriate medical care.

Heart Score CT scans are not recommended for individuals with a history of heart attack, coronary stent placement, or coronary artery bypass surgery. In these cases, cardiovascular risk has already been established, and the scan is unlikely to provide additional clinically useful information about the coronary arteries.

MORE DETAILS

For more information on Vascular Ultrasound Screenings and Heart Score CT Scans including a description of each test, visit mercer-health.com or scan the QR code.

_____ _____
Signature of Patient/Representative (and relationship as applicable) Date & Time

_____ _____
Signature of Witness Date & Time