

**CLINIC:** University of Illinois-Occupational Health Service Institute  
 835 South Wolcott (across from Student Center)  
 Room E-144 Chicago, Illinois 60612  
**For appointments:** 312-996-7420 **FAX:** 312-413-8485  
 Hours: M, T, TH, F: 7:00am – 4:00pm  
 W: 7:00 am – 3pm

**UIC - COLLEGE OF NURSING**

**REGISTRATION FORM**

**NAME:** \_\_\_\_\_

**SS #:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

- ❖ **Photo IDs required for all visits!**
- ❖ **Complete payment is due at time of service**
- ❖ **Only checks are accepted as payment.**

**Purpose of Visit:**

	<b>CPT</b>	<b>Charge</b>	<b>TOTAL</b>
Measles Titer	86765	\$18.00	
Mumps Titer	86735	\$20.00	
Rubella Titer	86762	\$16.00	
Varicella Titer	86787	\$18.00	
Hep B AB	87430	\$16.00	
Hep B Antigen	87340	\$35.95	
Hep B Vaccine	90746	\$63/ each	
Hep B Core	86705	\$15.00	
TB	86580	\$20/ each	
Hepatitis C AB	86803	\$24.00	
MMR Vaccine	90707	\$74.00	

Quest SAP10 Drug test and collection -----\$37.00 \_\_\_\_\_  
 No service ----- form completion \$10.00 \_\_\_\_\_

**TOTAL** \_\_\_\_\_ **Check #** \_\_\_\_\_