



DHME DIAGNOSTICS

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CONSENT FORM 2023-2024

I _____ (Print Name), understand DHME Diagnostics, requires a signed consent for Covid-19 testing before I can be tested. I give consent to DHME Diagnostics and their employees to test me.

Date of Birth: _____

Email Address: _____

Gender: _____

Race/Ethnicity: _____

Signature: _____

Address: _____

Date: _____

City: _____

State: _____

Zip code: _____

Phone: _____

Facility/School: _____