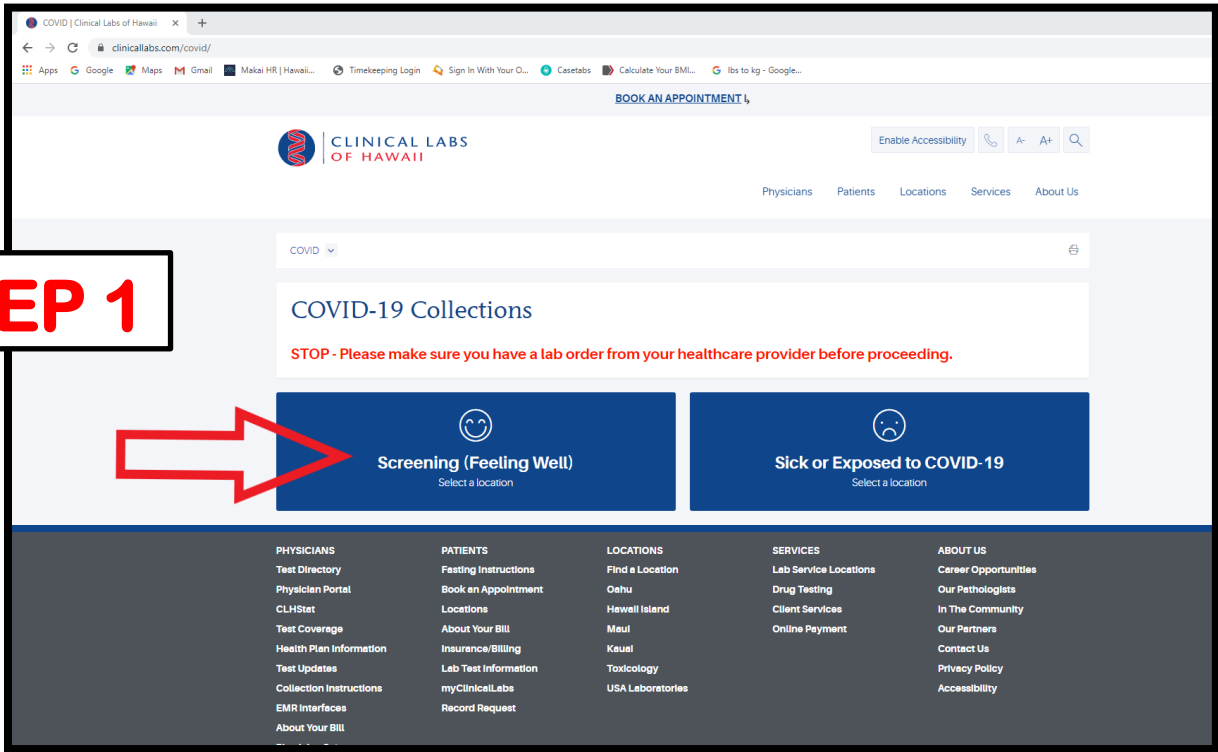
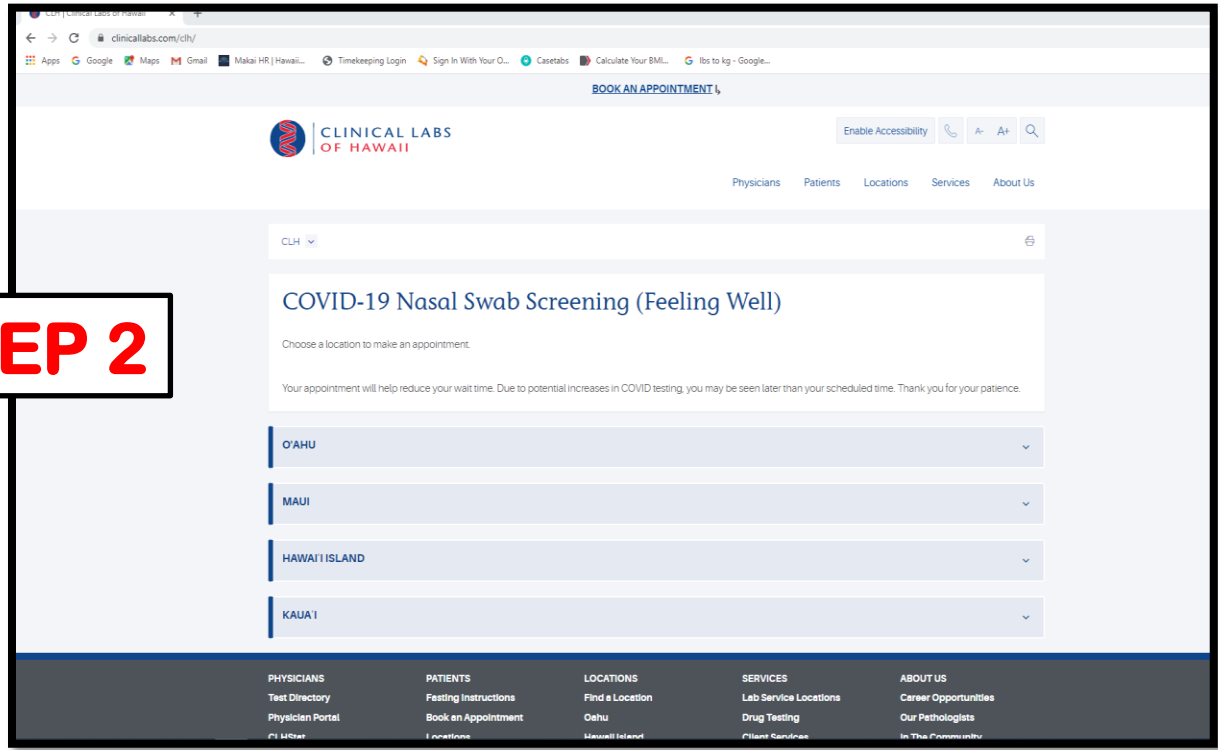


# STEPS TO BOOK AN APPOINTMENT FOR COVID TESTING

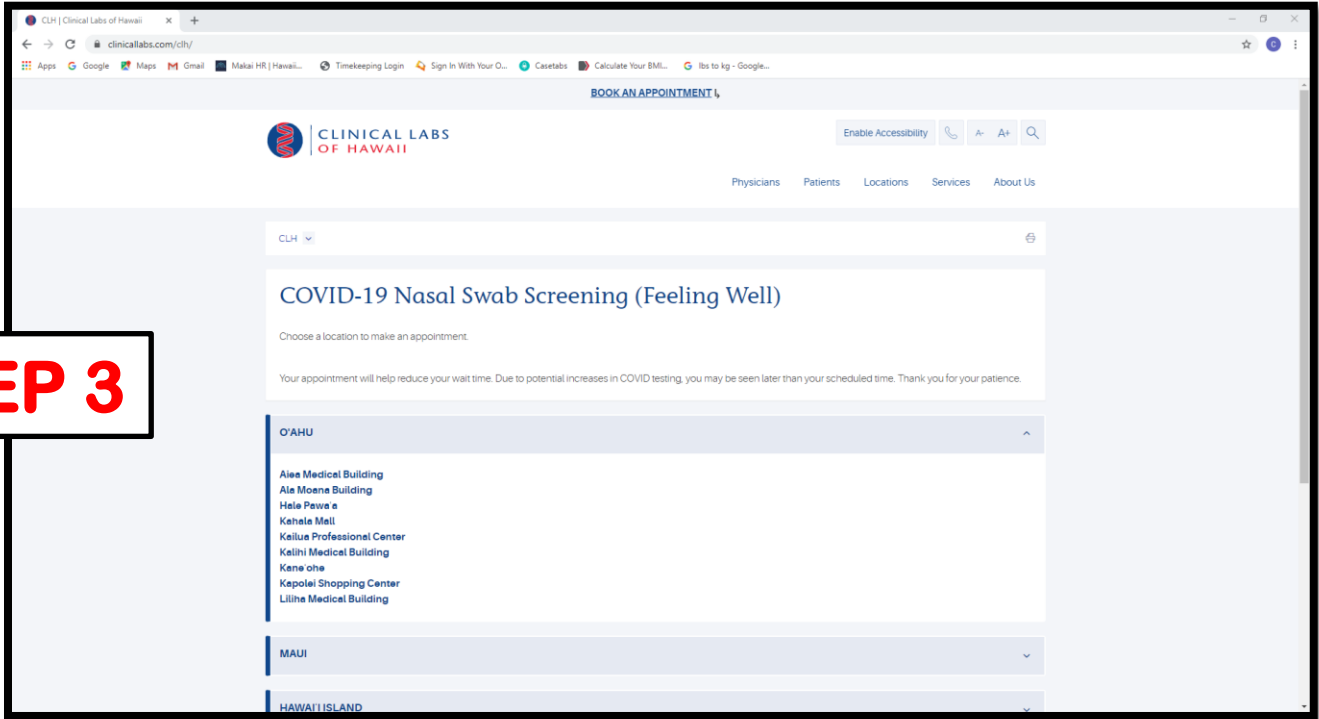
**STEP 1**



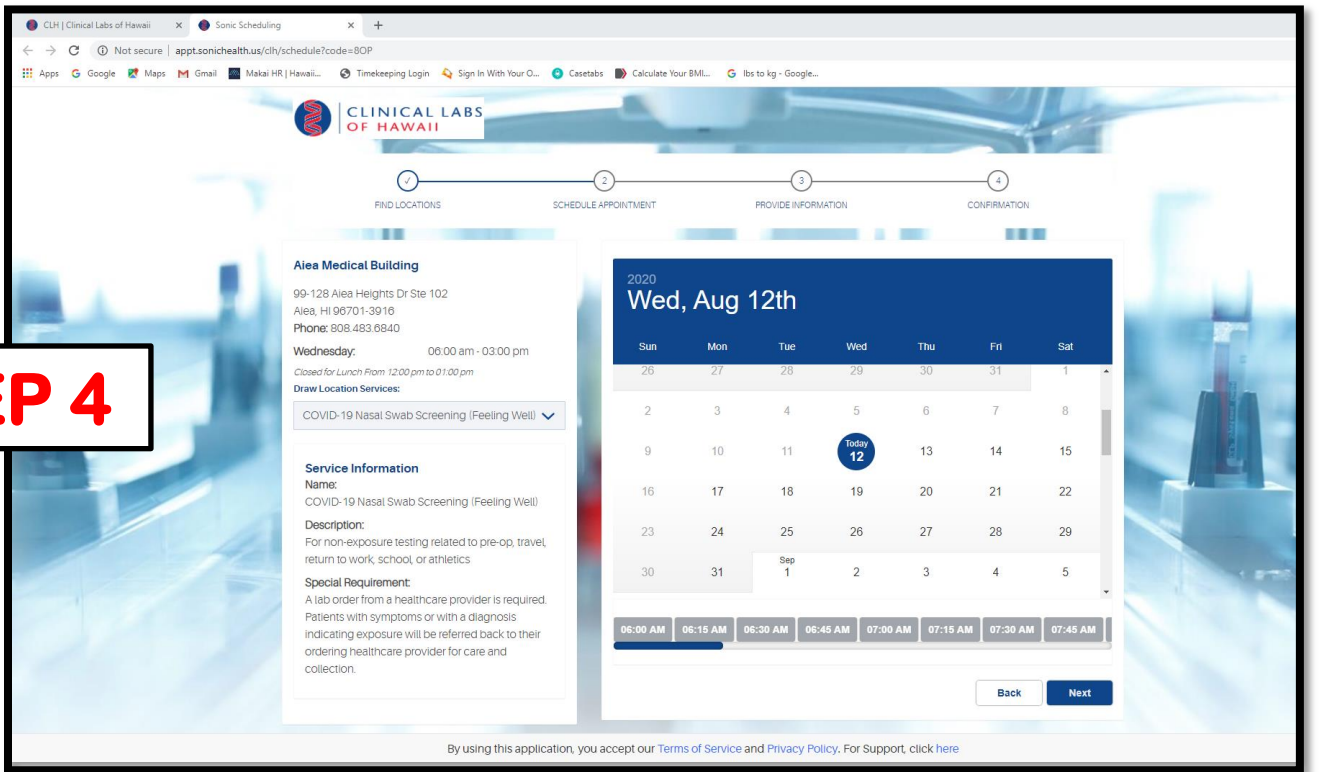
**STEP 2**



**STEP 3**



**STEP 4**



**STEP 5**

CLINICAL LABS OF HAWAII

FIND LOCATIONS SCHEDULE APPOINTMENT PROVIDE INFORMATION CONFIRMATION

**Personal Information** Appointment Information Draw Location Information

First Name  
First Name

Last Name  
Last Name

Phone Number  
Phone Number **Verify Phone**

Email  
Email

To receive a confirmation message your number must be confirmed by pressing 'Verify Phone' above.

By supplying an email or a phone number, you are authorizing that Sonic Healthcare, USA and its affiliates may contact you about your appointments by these means. Standard messaging and data rates may apply.

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**STEP 6**

CLINICAL LABS OF HAWAII

FIND LOCATIONS SCHEDULE APPOINTMENT PROVIDE INFORMATION CONFIRMATION

**Personal Information** Appointment Information Draw Location Information

First Name  
Cherry

Phone Number  
808-356-4318

To receive a confirmation message your number must be confirmed by pressing 'Verify Phone' above.

By supplying an email or a phone number, you are authorizing that Sonic Healthcare, USA and its affiliates may contact you about your appointments by these means. Standard messaging and data rates may apply.

**Please verify your information:**

Personal Information:  
Name: Cherry Goodwin

Communication Preferences:  
Phone: 808-356-4318  
Email: cgoodwin@eyesurgeryhi.com  
Text Confirmation: no

I agree to the [Terms of Service](#) and [Privacy Policy](#)

Cancel Schedule

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