SERVICES

Wellness Program 2019

Inspire to be healthy

Patient Name: ______________________________ DOB: _____________

Primary Street Address: ____

City / State: ______________________________ Zip code: ____________

Phone number: ____

- Lipid Panel:

  Total Cholesterol: _____________

  HDL: _____________

  LDL: _____________

  Triglycerides: ______________

  Ratio: ______________

- Blood Sugar:

  **Please provide the test that applies as indicated below*

  Fasting Blood Sugar (NON-Diabetic Patients): ______________

  HgbA1c (Diabetic Patients ONLY): ______________

- Blood Pressure: ______________
- Heart Rate: ______________
- BMI: ______________
- Waist Circumference: ______________

Provider's Name: ____

Providers Street Address: ______________________________________

City / State: ______________________________ Zip code: __________

X ____

Provider Signature (MD, DO, NP, PA)

MNP Services, 44225 Utica Rd., Utica, MI 48317, Tel: (586) 726-5608

Dear Primary Care Provider

Your patient has decided to be a part of the wellness initiative at his/her workplace.

A part of the wellness initiative includes some basic screening tests aimed to detect specific conditions.

We thank you for participating in your patient's wellness initiative and encouraging them to stay well and to inspire to be healthy.