

Physician Results Form Instructions

Enclosed is a physician results form that will allow your doctor to perform your 2014 biometric wellness screening. To use this screening option, laboratory results must be collected between 04/01/2014 and 11/30/2014. You are responsible for ensuring your doctor faxes the form directly to Quest Diagnostics, complete with all screening values and signatures, by 11/30/2014. Results received in any other format will not be accepted. If the form is received after the deadline, you will not receive the participation credit for the program.

Please follow these steps carefully:

- Schedule an appointment with your doctor by 11/30/2014. If you have already had your annual preventive care visit, your doctor's office may charge an office visit copay. In addition, your doctor may apply a fee for completing the form. You are responsible for paying any such co-pays and/or fees.
- Contact your doctor's office prior to your appointment to confirm he/she is able to measure all required lab panel components. Please see below for the measures that are required for the program. Forms that do not include results for all measures will not be processed.
- You will need to fast for at least 9 to 12 hours prior to your appointment. Continue taking medication as directed and be sure to drink plenty of water.
- You must sign and date the Wellness Participant section of the enclosed Physician Results Form before providing the form to your doctor.
- Provide your doctor the "Physician Results Form" form, enclosed in this letter. Your doctor must complete the "Healthcare Provider Completes" section of the form, including signature, date, and UPIN/NPI. The UPIN/NPI is a unique number that identifies your doctor's office; your doctor will know this number.
- Your doctor must fax the completed form to Quest Diagnostics at 855-794-1391. You are responsible for ensuring your doctor returns this form by 11/30/2014.
- If your form is complete with the required measures you will receive your results online within 10 days and a paper report in the mail within 3 weeks of submitting the form. If you have not received your results within the time frame described above please contact the Blueprint for Wellness Customer Support Center at 855-623-9355.



97561822

Physician Results FormCompleted form must be faxed to **855-794-1391**

Patient's Employer Wellness Program Information

Account Name CASE WESTERN RESERVE UNIVERSITY	QLS Number(Provided By Quest) 97561822
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Wellness Participant Completes

Wellness Participant's Last Name	First Name	Middle Initial
Email Address		
CWRU Network ID and Date of Birth	Date of Birth (MM/DD/YYYY)	Phone Number
Street Address		
City	State	Zip Code
Wellness Participant's Signature		Date (MM/DD/YY)

The information provided on this form will be kept confidential

Healthcare Provider Completes

Date of Testing(MM/DD/YY)	Testing and measurements must have been completed between Apr 01, 2014 and Nov 30, 2014
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Biometric Screening Measurements

All values are required. Enter NG for any result not available for reporting.

Height (Feet)	Height (Inches)	Weight (lbs)
Blood Pressure Systolic (mmHg)	Blood Pressure Diastolic (mmHg)	Waist Circumference (in)

Screening Values

All values are required. Enter NG for any result not available for reporting.

Glucose (mg/dL)	Triglycerides (mg/dL)	
Total Cholesterol (mg/dL)	LDL Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)

Healthcare Provider - Information below must be complete in order to process.

Healthcare Provider's or Healthcare Provider Designee's Signature	Date (MM/DD/YY)	
Healthcare Provider's Name (please print)	UPIN / NPI	Phone Number