



Dear Dr.

Your patient is participating in a company wellness program requiring lab studies to be performed. Please fill in the requested information and **attach a copy of the lab studies or fill in the requested lab values if available:**

Patient First Name:	
Patient Last Name:	
DOB:	
Height:	
Weight:	
Systolic blood pressure:	
Diastolic blood pressure:	
Date lab completed:	
Cholesterol:	
HDL Cholesterol:	
LDL Cholesterol:	
Ratio:	
Triglycerides:	
Fasting Glucose:	
HGBA1C:	

**Please fax the information to 800 634 1211 Attention: Jolene**

**Or mail to:**

Jolene Jackson MS, RN  
Health Management Services  
Box 6307  
Tyler, Tx 75711-6307