

**Date** \_\_\_\_\_

To Employer:

This is to confirm that \_\_\_\_\_ **(Patients Name)** has had the following lab work done within the last six (6) months and that the employee has been made aware of the results:

- Cholesterol (Total, HDL, LDL, Triglycerides)
- Glucose
- Blood Pressure
- Height/Weight (Body Mass Index)
- Waist Circumference

Sincerely,

**Physician's Signature** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_

**Physician Contact Information** \_\_\_\_\_

*\*This communication should not be used to request biometric screening tests or services from providers; rather this form is for those individuals that have had a biometric screening completed within the past six months. If the screening was performed prior to the last six months you will need to participate in the screening that is offered on-site by your employer in order to be eligible to receive the Wellness Incentive.*