

# PHYSICIAN SUBMITTED LAB FORM

Lofton Staffing Services | 2020 Wellness Program

As a member of the group health insurance plan, we encourage you to complete an annual wellness visit with your physician. Bring this form to your health care provider for documentation of your visit. All fields must be completed and the form must be signed and/or stamped by the provider. *Due to COVID-19 restrictions, if you are unable to attend an onsite visit, a virtual visit will be accepted.*

**In order to receive credit, a copy of your lab results, along with the completed form must be submitted to Sterling Wellness by December 31, 2020. Visits completed between December 1, 2019 and December 31, 2020 will be accepted.**

## WELLNESS PARTICIPANT: PLEASE COMPLETE THIS SECTION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MEMBER USERNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

*EMPLOYEE USERNAME: LOF FOLLOWED BY THE LAST SIX DIGITS OF YOUR SSN*

## HEALTHCARE PROVIDER: PLEASE COMPLETE THIS SECTION

PROVIDER/CLINIC NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATE OF SERVICE \_\_\_\_\_

PROVIDER SIGNATURE \_\_\_\_\_

### LAB RESULTS

HEIGHT		HDL	
WEIGHT		LDL	
WAIST CIRCUMFERENCE		TRIGLYCERIDES	
BLOOD PRESSURE		GLUCOSE	
TOTAL CHOLESTEROL			

**PLEASE RETURN THIS FORM AND A COPY OF  
LABWORK TO STERLING WELLNESS SOLUTIONS:**

210 West Mill St. Crowley, LA 70526

Phone: 1-800-838-0337 Fax: 337-783-7848

Email: Support@Sterling-Wellness.com

