

- To complete your screening using a Physician Results Form, in the **Wellness Screening** section, under **Physician Results Form**, select the **Order Form** button

Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.



Wellness Screening

To get started, select an appointment method below.

Patient Service Center

Schedule a screening at a nearby Quest Diagnostics location.

[Schedule a Screening ▶](#)

At an Event

Attend a wellness event at work or a location designated by your organization.

[Make an Appointment ▶](#)

Physician Results Form

Download a form that your health provider completes with your recent test results.

[Order Form ▶](#)



At-Home Test

Collect your own screening specimen in your home using the Qcard™ Dried Blood Spot method.

[Order Materials ▶](#)

- After arriving on the confirmation page, you can select the green **Download Form** button to download and print your personalized form
 - Verify that all of your personalized information included in the form is accurate and have your physician complete the form
 - Please note the range of dates when the test must be completed and the deadline to return the form
- select the green **Back to Dashboard** link to return to your dashboard

Thank you, Sample

Your wellness screening has been created as a Physician Results Form, download it below.

Physician Results Form

[Download Form ▶](#)

Tests must be completed between:
Tuesday, May 16, 2017 - Sunday, Nov 01, 2020

Physician Results Form must be returned
by:
Sunday, Nov 01, 2020

[Back to Dashboard ▶](#)

Prepare For Your Appointment



Drink plenty of water
prior to your
appointment



Continue to take all
medications as
prescribed by your
healthcare provider



Do not eat or drink
anything, except water,
for 9-12 hours prior to
the blood test

Next Steps

1 You can fax your form to 844.560.5221 or [upload it](#).

For questions, contact the Health & Wellness Service Center: **855.623.9355**



[Contact](#) [FAQ](#) [About Us](#) [Privacy Policy](#) [Terms](#)

Quest, Quest Diagnostics, the associated logo, Nichols Institute and all associated Quest Diagnostics marks are the registered trademarks of Quest Diagnostics. All third party marks—® and ™—are the property of their respective owners. © 2000-2018 Quest Diagnostics Incorporated. All rights reserved.

[Language Assistance / Non-Discrimination Notice](#) | [Asistencia de Idiomas / Aviso de no Discriminación](#) | [语言援助/不歧视通知](#)

After your doctor completes the form, there are two options for submitting the form to Quest Diagnostics:

- You may fax the completed form to the fax number indicated on the form, or
- You may submit your completed form to Quest Diagnostics electronically using the **Upload Form** button on the dashboard
- If there is no upload button on your dashboard, your employer requires that you fax in your form by following the instructions on the form

Scheduled

Physician Results Form

You have downloaded your form. You can fax it in or upload it to the right. You can also [download your form here](#).

Upload Form ▶

Cancel ▶

? [Need More information?](#)

Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.



Transform your health

Biometric screening results can provide powerful insights into your health and risks you may not currently recognize. See how these screening participants changed the [stories of their lives](#) with the information gained from screenings.

Did insights from your screening help you transform your health?

Tell Us Your Story ▶



- After selecting the **Upload Form** button on the dashboard, browse your computer for the completed Physician Results Form
- You will then arrive at the screen below (if you upload the incorrect file, you can browse your computer again by selecting the green **Change Form** button)
- In the **Input Your Results** section, validate your form by entering the measurements shown on your form

Uploaded File



Change Form ▶

Input your results

Date Test(s) Performed *
Required

Height (feet) *
Required

Height (inches) *
Required

Weight (lbs) *
Required

Systolic BP *
Required


Diastolic BP *
Required

Trigs (mg/dL) *
Required

HDL *
Required

- After filling in all required information, select the green **Submit** button
- You will receive an email as notification whether your form has been processed, or rejected for any reason

Blueprint
for WELLNESS®



Hello, Sample Participant

[Dashboard](#) [My Account](#) [Contact](#) [Log Off](#)

Fasting 8-9 hours

Yes

HgbA1c (%Hgb)

Waist (inches)

Healthcare Provider *

N/A






UPIN / NPI

☒ You have signed your form.

☒ Your physician has signed the form.

Submit

Cancel



[Contact](#) [FAQ](#) [About Us](#) [Privacy Policy](#) [Terms](#)

Quest, Quest Diagnostics, the associated logo, Nichols Institute and all associated Quest Diagnostics marks are the registered trademarks of Quest Diagnostics. All third party marks—® and ™—are the property of their respective owners. © 2000-2018 Quest Diagnostics Incorporated. All rights reserved.

[Language Assistance / Non-Discrimination Notice](#) | [Asistencia de Idiomas / Aviso de no Discriminación](#) | [语言援助/不歧视通知](#)