PHYSICIAN LAB FORM: STANDARD

THIS FORM IS FOR PHYSICAN OFFICES ONLY, NOT FOR DIRECT LAB USE

PARTICIPANT: Please use this form to obtain your lab and screening tests from your healthcare provider. Viverae must receive values for the applicable test parameters listed at the bottom of this page in order to complete your Biometric Screening. Please complete the following contact information and follow the directions provided below. All programs are confidential and HIPAA-compliant. Any information shared with the Viverae team will not be disclosed except in accordance with HIPAA laws. ALL FIELDS BELOW ARE REQUIRED.

Participant Name:_____ Participant Employer: SchoolCare

Participant Date of Birth:_____/_____/_____ Participant Phone #: _____

Today's Date:_____/_____/ _____

LICENSED MEDICAL PROFESSIONAL: The health management program offered through Viverae is not intended to treat, diagnose, or replace physician involvement, but rather to create and promote an atmosphere of healthy living and learning through the implementation of wellness initiatives. For more information, please call Viverae at 888-833-5829. ALL FIELDS BELOW ARE REQUIRED.

IMPORTANT NOTES

- You many submit blood/screening tests completed by your health care provider on or after 1/1/2017 through 6/30/2019. ***Licensed Medical Professional, please initial here_____if you do not recommend performing these tests, after which you may submit blood/screening tests completed by your health care provider on or after 1/1/2015.***
- All results must be filled in on this form and your health care provider information must be completed below.
- This form must be completed and faxed to the Viverae Health Center no later than 6/30/2019 to receive credit.

Licensed Medical Professional Name:_____ Phone #: _____

Address:_____City:_____State: _____

Licensed Medical Professional Signature: _____

License #:_____Test Date:_____/_____/ _____

ALL FIELDS BELOW ARE REQUIRED

Test Parameter	Value	Units
Total Cholesterol		mg/dL
HDL Cholesterol		mg/dL
LDL Cholesterol		mg/dL
Triglycerides		mg/dL
Glucose		mg/dL
Systolic Blood Pressure (rest)		mmHg
Diastolic Blood Pressure (rest)		mmHg
Height		in
Weight		lbs
Waist Circumference		in
Fasting	Yes	No

Use this form between:
July 1, 2018 to June 30, 2019

You can submit this form one of three ways:

(1) Upload the form either on your ***Good For You!*** account at connect.viverae.com or your Viverae mobile app (under Resources)

(2) Send by secure fax to: (855) 292-8662

(3) Mail to: Attn: Screening Services Department
10670 N. Central Expwy., Suite 250
Dallas, TX 75231

VIVERAE

Good For You!
Wellness programs by SCHOOLCARE