

# Medical Exam Verification



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Patient's Name

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EIN or EIN +1 if spouse/AD

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
SLCo employee's name if spouse/AD

\_\_\_\_\_  
Date

- Physical or Pap (25 pts)
- Dental exam (credit for 1/year) (25 pts)
- Flu shot (25 points)
- Mammogram (50 pts)
- Colonoscopy (50 pts)
- Prostate exam (50 pts)

- Follow-up (100 pts)\*
- Prenatal exam (1st trimester) (30 pts)

\*can only qualify if participant screened high for any of the biometrics at their last Healthy Lifestyles clinic

**Submit this form in any of the following ways:**

- **Drop box:** outside of S2500 (next to the Healthy Me clinic)
- **Courier:** Sent Attn: Healthy Lifestyles, GC S2-600-4575
- **WellSteps:** Uploaded as an attachment at www.WellSteps.com
- **Email:** scanned and emailed to MyHealthyLifestyles@slco.org
- **Fax:** Attn-Healthy Lifestyles = 385.468.4096

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