

Deadline for completion and return to SIH by: **September 1, 2016**

Annual Physical and Lab Requisition Form*

Return completed forms to:

SIH Employee Wellness Program
ATTN: Lauren Ihle, WORKwell Program Staff
1239 E Main
Carbondale, IL 62901

Or FAX to: 618-529-0574

Note to Physician's Office: Cigna will cover the annual physical and blood panel at 100%. *In order for Cigna to pay the claim under the Annual Employee Physical benefit, the claim must be coded in the CPT code range 99381-99397 and must be billed with the diagnosis of Z00.00. Any questions please contact Lauren Ihle, 618-457-5200 x 67808.*

Patient Name: _____

Patient Date of Birth: _____ Employee Name & ID #: _____

Patient Phone Number: _____ Employee Spouse

Date of Testing: _____ If spouse, employee's name: _____

Patient is pregnant at time of exam and labs Patient is diabetic (if so complete A1C) Patient is fasting

Please provide all values. This form will not be considered complete if any values are missing.
*Fasting 9-12 hours is required prior to having your blood work performed to ensure accurate results.

Physical	Value	Laboratory*	Value*
Height (inches)		Total Cholesterol	
Weight (pounds)		HDL	
BMI		LDL	
Blood Pressure		Triglycerides	
		TC:HDL Ratio	
Laboratory *	Value*	Fasting Glucose	
Serum Nicotine and Metabolites (Cotinine)		Hemoglobin A1C (complete if diabetic)	

Physician/Nurse: _____

Date: _____ Phone: _____