

**CONCENTRA
BAC 15
WELLNESS PHYSICAL EXAMINATION LAB DATES**

January – December, 2012

Employee's Name _____ SS# _____ D/O/B _____

Spouse's Name _____ SS# _____ D/O/B _____

Address _____ City/State/Zip _____

Phone: Day _____ Evening _____ Other _____

Have you participated in our program before? Employee: Yes No Spouse: Yes No

Please note your name(s) in the preferred month/date for the lab appointment. Labs fill up quickly and are based on a first come, first serve basis. **Please state a first, second and third order of preference for your lab date. A 12-hour fast is required for accurate blood tests.** Friday labs are from 7:00AM – 9:00AM. Saturday labs are from 8:00AM – 10:00AM.

- | | | | |
|------------------|--|--|--|
| January | <input type="checkbox"/> Sat. Jan 14 _____ | <input type="checkbox"/> Fri. Jan 27 _____ | <input type="checkbox"/> Sat Jan 28 _____ |
| February | <input type="checkbox"/> Fri Feb 10 _____ | <input type="checkbox"/> Sat Feb 11 _____ | <input type="checkbox"/> Sat Feb 25 _____ |
| March | <input type="checkbox"/> Fri Mar 9 _____ | <input type="checkbox"/> Sat Mar 10 _____ | <input type="checkbox"/> Sat Mar 24 _____ |
| April | <input type="checkbox"/> Fri Apr 13 _____ | <input type="checkbox"/> Sat Apr 14 _____ | <input type="checkbox"/> Sat Apr 28 _____ |
| May | <input type="checkbox"/> Fri May 4 _____ | <input type="checkbox"/> Sat May 5 _____ | <input type="checkbox"/> Sat May 19 _____ |
| June | <input type="checkbox"/> Fri June 1 _____ | <input type="checkbox"/> Sat June 2 _____ | <input type="checkbox"/> Sat June 23 _____ |
| July | <input type="checkbox"/> Fri July 13 _____ | <input type="checkbox"/> Sat July 14 _____ | <input type="checkbox"/> Sat July 28 _____ |
| August | <input type="checkbox"/> Fri Aug 10 _____ | <input type="checkbox"/> Sat Aug 11 _____ | <input type="checkbox"/> Sat Aug 25 _____ |
| September | <input type="checkbox"/> Fri Sept 7 _____ | <input type="checkbox"/> Sat Sept 8 _____ | <input type="checkbox"/> Sat Sept 22 _____ |
| October | <input type="checkbox"/> Fri Oct 5 _____ | <input type="checkbox"/> Sat Oct 6 _____ | <input type="checkbox"/> Sat Oct 20 _____ |
| November | <input type="checkbox"/> Fri Nov 2 _____ | <input type="checkbox"/> Sat Nov 3 _____ | <input type="checkbox"/> Sat Nov 17 _____ |
| December | <input type="checkbox"/> Fri Nov 30 _____ | <input type="checkbox"/> Sat Dec 1 _____ | <input type="checkbox"/> Sat Dec 15 _____ |

Please return this form to: **Concentra Medical Centers
Attn: Wellness Department
14831 W 95th Street
Lenexa KS 66215
913-894-6601 (Judy Maturo)**

*****You will receive a confirmation regarding the date and time of your lab appointment*****