

## TESTING

- Blood Pressure # \_\_\_\_\_ stations
- Cholesterol (Choose One)
  - Total (Only)
  - TC/HDL/Ratio
  - Lipid Profile [Fasting Required]
- Diabetes Screening
  - Glucose Monitoring-(With Cholesterol)
  - Glucose Analysis (Stand Alone Program)
- PSA (for men only)
- Thyroid (TSH)
- Bone Densitometry
- Lung Function / Lung Age
- Stroke Prevention
  - Arterial Stiffness Index (ASI)
  - Carotid Artery Screening with Thyroid
- Glaucoma Screening
- Visual Acuity (Vision Screening)
- Auditory Screening **NEW for 2010**

## FITNESS & WEIGHT MANAGEMENT

- Metabolic Testing (RMR)
- Body Fat Testing # \_\_\_\_\_ stations
- Grip Strength Testing
- Flexibility Testing
- Aerobic Conditioning
- Body Mass Index (BMI: Ht / Wt)

## HEALTH ASSESSMENTS

- Heart Health
- Personal Wellness

## PREVENTION

- Stroke Prevention
  - Arterial Stiffness Index (ASI)
  - Carotid Artery Screening with Thyroid
- UV Photo Session
- DUEyes Simulator Goggles
- Wellness Wagon

## STRESS REDUCTION

- Massage # \_\_\_\_\_ therapists
- Fitness, Yoga or Tai Chi (Circle one)
- Lunch 'N' Learns
- Nutrition Seminars

Choose from a variety of topics or let us know your request.

\_\_\_\_\_

Do you wish to have free professional

**ADJUNCT SERVICES**  Yes  No

Should we contact you?  Yes  No

EVENT DAY OF WEEK \_\_\_\_\_

EVENT DATE \_\_\_\_\_

HOURS: STARTS AT \_\_\_\_\_ ENDS AT \_\_\_\_\_

## EVENT LOCATION INFORMATION

COMPANY NAME: \_\_\_\_\_

LOCATION CONTACT: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

FLOOR/ROOM: \_\_\_\_\_

TOTAL NUMBER OF PEOPLE IN COMPANY: \_\_\_\_\_

NUMBER EXPECTED TO ATTEND: \_\_\_\_\_

BILINGUAL NEEDS:  YES  NO: \_\_\_\_\_

## BILLING INFORMATION

EVENT LOCATION CONTACT LISTED ABOVE

INSURANCE BROKER or OTHER SPONSOR

Authorized by: \_\_\_\_\_

For Company: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

NAME OF REPRESENTATIVE ATTENDING FROM YOUR COMPANY?

\_\_\_\_\_ CELL#: \_\_\_\_\_

Please sign this request for our services. Your request, when signed by Heart Screen, also confirms this event and reserves the date on Heart Screen's calendar. Please sign where indicated below and fax to Heart Screen as soon as possible. A confirmation of this event will follow within 24 hours. Please call if it is not received.

Signature \_\_\_\_\_

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\_\_\_\_\_  
Confirmed by Nan Selman/Barbara Parker for Heart Screen

\_\_\_\_\_  
Date