

SCREENING APPOINTMENT SHEET

Event Code: _____

Screening Site _____

HSC _____

#	AM/PM Early	First, MI, Last	Email Address	Address & City, State, Zip	Phone Numbers	Test Selection (check desired tests)
1					1)	<input type="checkbox"/> Complete Wellness Pkg 1 all 4 (\$439-\$129)
					2)	<input type="checkbox"/> Complete Wellness Pkg with Osteo all 5 (\$149-\$139)
2					1)	<input type="checkbox"/> Complete Wellness Pkg 1 all 4 (\$439-\$129)
					2)	<input type="checkbox"/> Complete Wellness Pkg with Osteo all 5 (\$149-\$139)
3					1)	<input type="checkbox"/> Complete Wellness Pkg 1 all 4 (\$439-\$129)
					2)	<input type="checkbox"/> Complete Wellness Pkg with Osteo all 5 (\$149-\$139)
4					1)	<input type="checkbox"/> Complete Wellness Pkg 1 all 4 (\$439-\$129)
					2)	<input type="checkbox"/> Complete Wellness Pkg with Osteo all 5 (\$149-\$139)
5					1)	<input type="checkbox"/> Complete Wellness Pkg 1 all 4 (\$439-\$129)
					2)	<input type="checkbox"/> Complete Wellness Pkg with Osteo all 5 (\$149-\$139)
6					1)	<input type="checkbox"/> Complete Wellness Pkg 1 all 4 (\$439-\$129)
					2)	<input type="checkbox"/> Complete Wellness Pkg with Osteo all 5 (\$149-\$139)
7					1)	<input type="checkbox"/> Complete Wellness Pkg 1 all 4 (\$439-\$129)
					2)	<input type="checkbox"/> Complete Wellness Pkg with Osteo all 5 (\$149-\$139)

Please fax completed list to 1-866-628-4857

