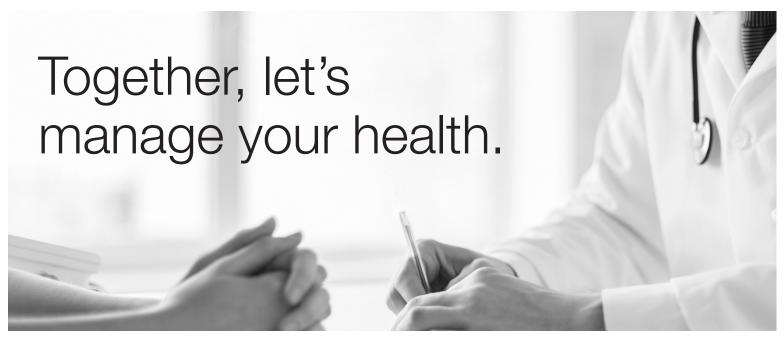


Other _____



	, please call our office	
at	_ to schedule an appointment for:	
☐ Annual flu shot	☐ Cholesterol check	☐ Osteoporosis screening
☐ Annual physical exam	☐ Colorectal cancer screening	☐ Pap test
☐ Asthma care	☐ Diabetes care	☐ Postpartum checkup
☐ Blood pressure check	☐ Immunizations	☐ Prenatal care
☐ Cardiovascular care	☐ Lead screening	☐ Spirometry
☐ Care manager	☐ Mammogram	☐ Tobacco cessation
consultation	☐ Medicare annual well visit	☐ Weight management
☐ Change in medication	☐ Medication review	☐ Well-child visit

Your primary care provider (PCP) is ______

☐ New patient visit

To change your PCP, contact Priority Health at the number on the back of your ID card or log in to the Find a Doctor tool at *priorityhealth.com*.

or treatment