

Together, let's manage your health.



_____, please call our office
at _____ to schedule an appointment for:

- | | | |
|---|--|---|
| <input type="checkbox"/> Annual flu shot | <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Osteoporosis screening |
| <input type="checkbox"/> Annual physical exam | <input type="checkbox"/> Colorectal cancer screening | <input type="checkbox"/> Pap test |
| <input type="checkbox"/> Asthma care | <input type="checkbox"/> Diabetes care | <input type="checkbox"/> Postpartum checkup |
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Prenatal care |
| <input type="checkbox"/> Cardiovascular care | <input type="checkbox"/> Lead screening | <input type="checkbox"/> Spirometry |
| <input type="checkbox"/> Care manager
consultation | <input type="checkbox"/> Mammogram | <input type="checkbox"/> Tobacco cessation |
| <input type="checkbox"/> Change in medication
or treatment | <input type="checkbox"/> Medicare annual well visit | <input type="checkbox"/> Weight management |
| | <input type="checkbox"/> Medication review | <input type="checkbox"/> Well-child visit |
| | <input type="checkbox"/> New patient visit | <input type="checkbox"/> Other _____ |

Your primary care provider (PCP) is _____.

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.