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# Lake Huron Medical Center

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Phone # 810-216-1809  
Fax: 810-216-1263

## Fax

<b>To:</b>	<b>From:</b> Maegan Davenport ~ Wellness Coach
<b>Fax:</b>	<b>Pages:</b>
<b>Phone:</b>	<b>Date:</b>
Wellness Program Patient	
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply	

**RE:** Patient to establish at our office for wellness-weightloss program.

*Patient Name:* \_\_\_\_\_ *Date of birth:* \_\_\_\_\_

Patient has requested to schedule an appt with our office for our weight-loss-wellness program

**\*\*\* Patient has an appt on:** \_\_\_\_\_

**Please send us the following:**

1. Copy of most recent office visit (with medical, social, surgical history)
2. Active medication list with dose and time of day taken
3. Recent labs if any within the last 6 months
4. Demographics sheet
5. *Referral +insurance authorization will be needed for:* Keenan or BlueCare Network

Notes:  
\_\_\_\_\_

**Please Return Fax: ATTN: Wellness Program @ Fax # 810-216-1263**

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Thank you.