



# Medical Routine Preventive Care Form

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

Name of Patient: \_\_\_\_\_

Date of Physical: \_\_\_\_\_

**Below is suggested full blood panel to discuss with your physician**

**Comprehensive Metabolic Panel:** Glucose, Albumin, Alkaline phosphatase, AST (SGOT), ALT (SGPT), Bilirubin, BUN, Creatinine, Calcium, Phosphorus, Protein, Sodium

**LIPID PANEL:** Total cholesterol, LDL cholesterol, HDL cholesterol, Triglycerides

**TSH**

**CBC with Differential:** RBC, WBC, HGB, HCT, MCV, MCH, platelets, differential count

*This is to certify that the above-named patient was seen in my office on the date above and had a complete routine physical examination, including age-appropriate diagnostic tests and/or blood work.*

\_\_\_\_\_  
*Authorized Medical Office Signature*

\_\_\_\_\_  
*Date*

Name of Practice (or physician office stamp):

**Note to physician's office:** *Ali Group's medical plans cover a routine wellness physical once every benefit period under ACA preventive care guidelines.*

***This document is not a guarantee of coverage; for specific preventive guidelines, as well as confirmation of eligibility and limitations of coverage, please contact the carrier directly.***

**IMPORTANT!** Please DO NOT provide test results – only confirmation of your physical.