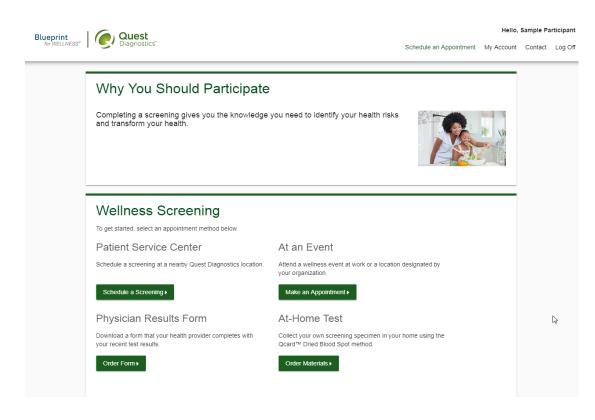




## How to complete a screening using a Physician Results Form

- Visit <u>My.QuestForHealth.com</u>
- If you've already established an account, use the Log In area to enter your username and password and select the green Log In button
  - If you've forgotten your login information, use the password link to reset your password or the username link to retrieve your username
- If you've never registered on the site to establish an account, use the Create Account area
- · After logging in or registering, you will be taken to the dashboard

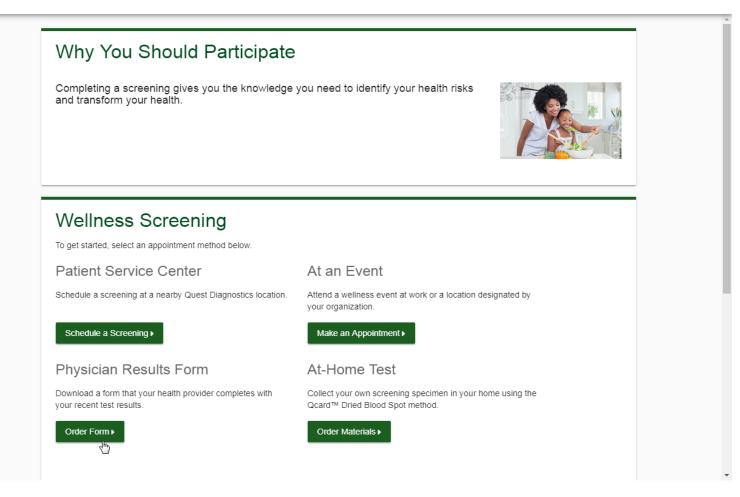


Please note: these screenshots are based on common browser resolution; actual screens may vary due to responsive design  To complete your screening using a Physician Results Form, in the Wellness Screening section, under Physician Results Form, select the Order Form button

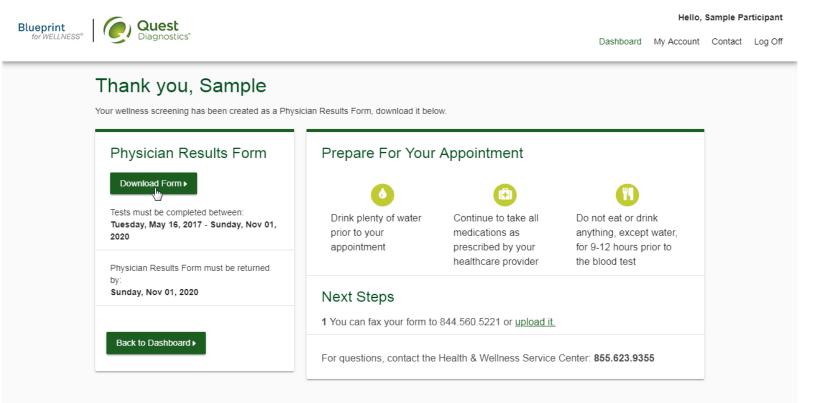


Hello, Sample Participant

Schedule an Appointment My Account Contact Log Off



- After arriving on the confirmation page, you can select the green **Download Form** button to download and print your
  personalized form
  - Verify that all of your personalized information included in the form is accurate and have your physician complete the form
  - · Please note the range of dates when the test must be completed and the deadline to return the form
- select the green Back to Dashboard link to return to your dashboard



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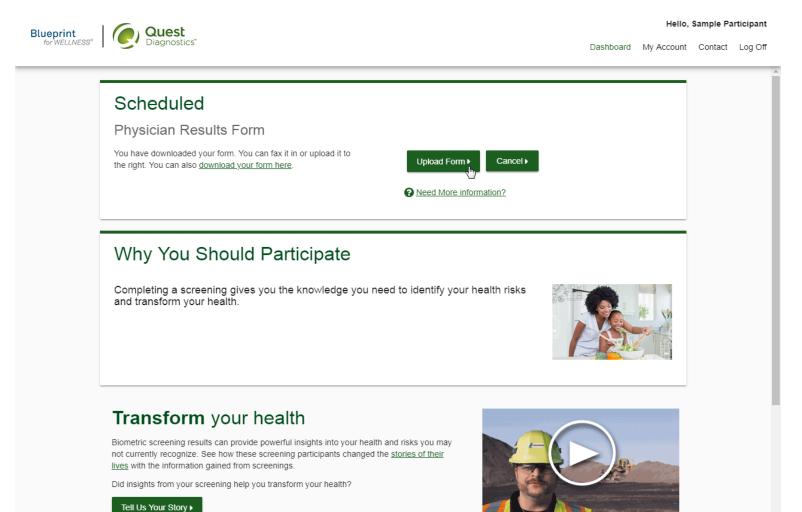
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After your doctor completes the form, there are two options for submitting the form to Quest Diagnostics:

- · You may fax the completed form to the fax number indicated on the form, or
- You may submit your completed form to Quest Diagnostics electronically using the Upload Form button on the dashboard
- If there is no upload button on your dashboard, your employer requires that you fax in your form by following the instructions on the form



- After selecting the **Upload Form** button on the dashboard, browse your computer for the completed Physician Results Form
- You will then arrive at the screen below (if you upload the incorrect file, you can browse your computer again by selecting the green **Change Form** button)
- In the Input Your Results section, validate your form by entering the measurements shown on your form

Blueprint	( Quest			Hello, Sample Participant					
for WELLNESS®	Quest Diagnostics"				My Account	Contact	Log Off		
	Uploaded File				_				
	PDF								
	Adobe Change Form								
	Input your results								
	Date Test(s) Performed *								
	Required								
	Height (feet) *	Height (inches) *	<b>•</b>		2				
	Required	Required							
	Weight (Ibs) *								
	Required								
	Systolic BP *	Diastolic BP *							
	Required	Required							
	Trigs (mg/dL) * Required								
	HDL *								
	Required								
							-		

- After filling in all required information, select the green **Submit** button
- You will receive an email as notification whether your form has been processed, or rejected for any reason

Blueprint	Quest			Hello,	Sample Pa	rticipant
Blueprint for WELLNESS®	Quest Diagnostics*	Dashboard	My Account	Contact	Log Off	
	Yes T					
	HgbA1c (%Hgb)					
	Waist (inches)					
	Healthcare Provider * N/A					
	UPIN / NPI					
	Vou have signed your form.					
	✓ Your physician has signed the form.					- 1
	Submit Cancel					
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