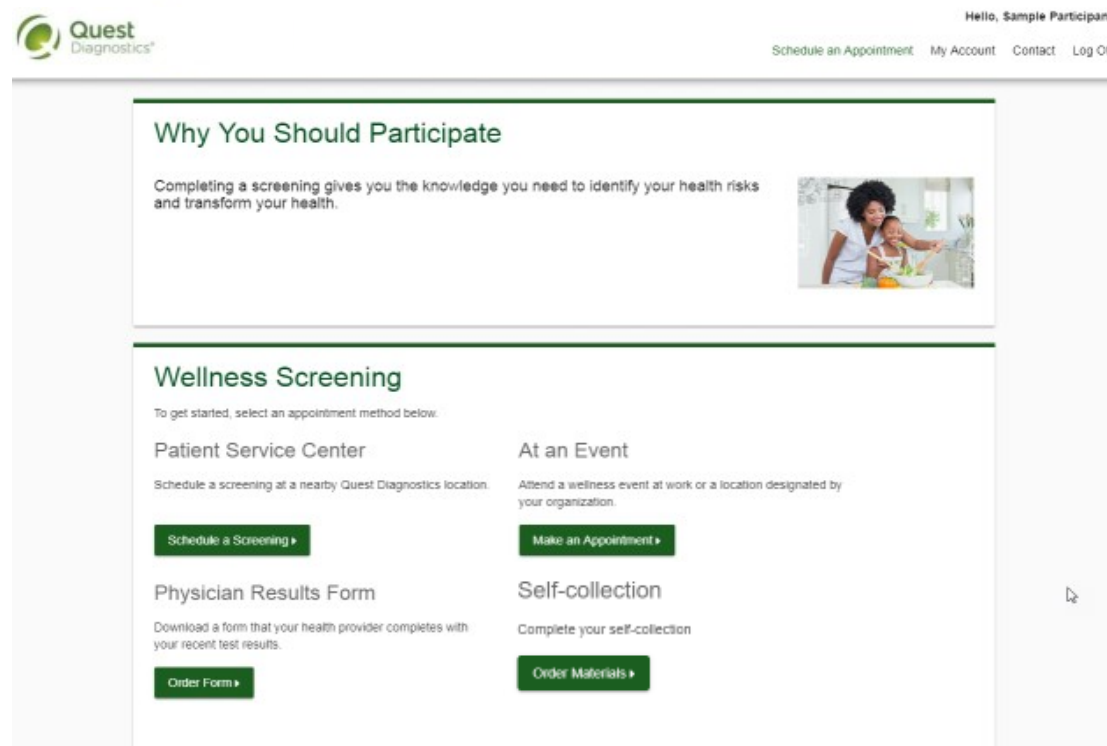



How to complete a screening using a Physician Results Form

- Visit My.QuestForHealth.com
- 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. If you are viewing on a tablet or smartphone, the images may look different.

- To complete your screening using a Physician Results Form, in the **Wellness Screening** section, under **Physician Results Form**, select the **Order Form** button




Quest
Diagnostics®

Hello, Sample Participant

[Schedule an Appointment](#) [My Account](#) [Contact](#) [Log Off](#)

Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.



Wellness Screening

To get started, select an appointment method below.

Patient Service Center

Schedule a screening at a nearby Quest Diagnostics location.

[Schedule a Screening ▶](#)

Physician Results Form

Download a form that your health provider completes with your recent test results.

[Order Form ▶](#)

At an Event

Attend a wellness event at work or a location designated by your organization.


[Make an Appointment ▶](#)

Self-collection

Complete your self-collection

[Order Materials ▶](#)

- 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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[Dashboard](#)
[My Account](#)
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[Log Off](#)

Thank you, Sample

Your wellness screening has been created as a Physician Results Form, download it below.

Physician Results Form


Download Form ▶

Tests must be completed between:
Tuesday, May 16, 2017 - Sunday, Nov 01, 2020


Physician Results Form must be returned by:
Sunday, Nov 01, 2020

Back to Dashboard ▶


Prepare For Your Appointment



Drink plenty of water prior to your appointment



Continue to take all medications as prescribed by your healthcare provider








Do not eat or drink anything, except water, for 9-12 hours prior to the blood test

Next Steps

1 You can fax your form to 844.560.5221 or [upload it](#).

For questions, contact the Health & Wellness Service Center: **855.623.9355**








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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

Hello, Sample Participant

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Scheduled

Physician Results Form


You have downloaded your form. You can fax it in or upload it to the right. You can also [download your form here](#).

[Upload Form ▶](#) [Cancel ▶](#)

[? Need More Information?](#)

Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.




- 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

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Uploaded File



[Change Form ▶](#)

Input your results

Date Test(s) Performed *
Required

Height (feet) * Height (inches) *
Required Required

Weight (lbs) *
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

The screenshot shows the Quest Diagnostics patient portal interface. At the top left is the Quest Diagnostics logo. At the top right, it says "Hello, Sample Participant" and has links for "Dashboard", "My Account", "Contact", and "Log Off". The main form area contains a dropdown menu set to "Yes", followed by input fields for "HgbA1c (%Hgb)", "Waist (inches)", "Healthcare Provider *" (with "N/A" entered), and "UPIN / NPI". Below these fields are two checked checkboxes: "You have signed your form." and "Your physician has signed the form.". At the bottom of the form are two buttons: a green "Submit" button and a grey "Cancel" button. A mouse cursor is pointing at the "Submit" button. The footer of the page is dark grey and contains social media icons for Facebook, Instagram, RSS, Twitter, and LinkedIn. Below the icons are links for "Contact", "FAQ", "About Us", "Privacy Policy", and "Terms". At the very bottom, there is a copyright notice: "Quest, Quest Diagnostics, the associated logo, Nichols Institute and all associated Quest Diagnostics marks are the registered trademarks of Quest Diagnostics. All third party marks—® and ™—are the property of their respective owners. © 2000-2018 Quest Diagnostics Incorporated. All rights reserved." and a language assistance notice: "Language Assistance / Non-Discrimination Notice | Asistencia de Idiomas / Aviso de no Discriminación | 语言援助/不歧视通知".

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Hello, Sample Participant

[Dashboard](#) [My Account](#) [Contact](#) [Log Off](#)

Yes

HgbA1c (%Hgb)

Waist (inches)

Healthcare Provider *

N/A

UPIN / NPI

☒ You have signed your form.

☒ Your physician has signed the form.

[Submit](#) [Cancel](#)

[f](#) [ig](#) [rss](#) [tw](#) [in](#)

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