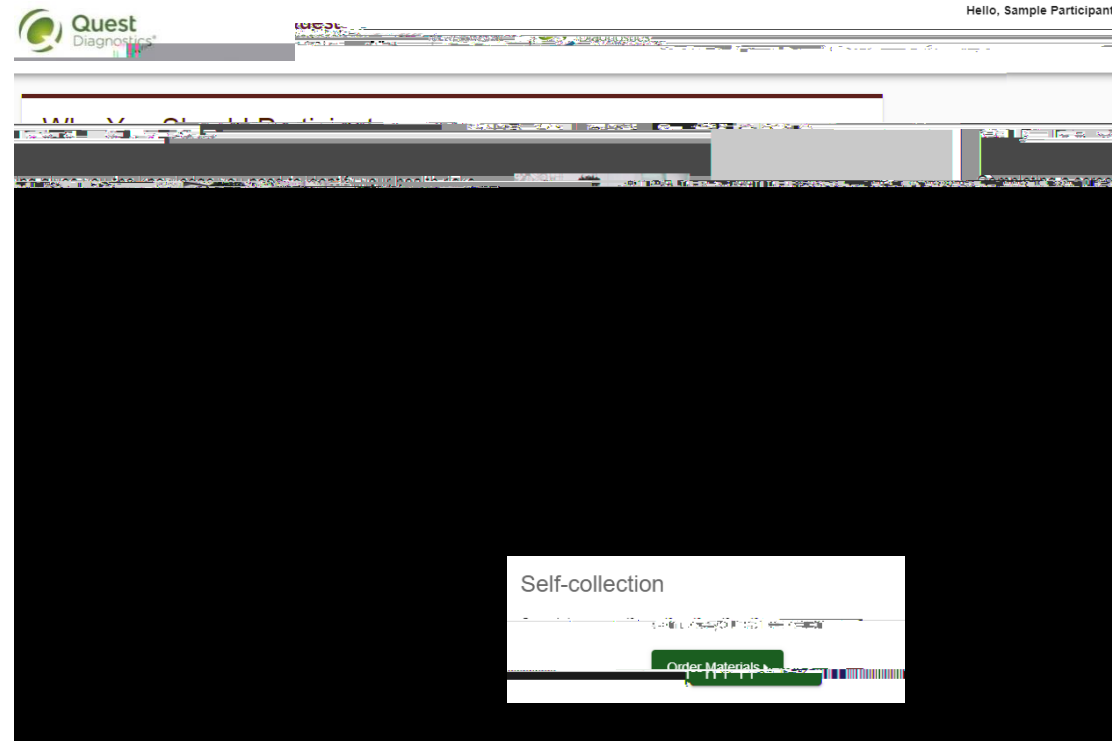




How to complete a screening using a Physician Results Form

- Visit [My.QuestForHealth.com](https://www.MyQuestForHealth.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



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

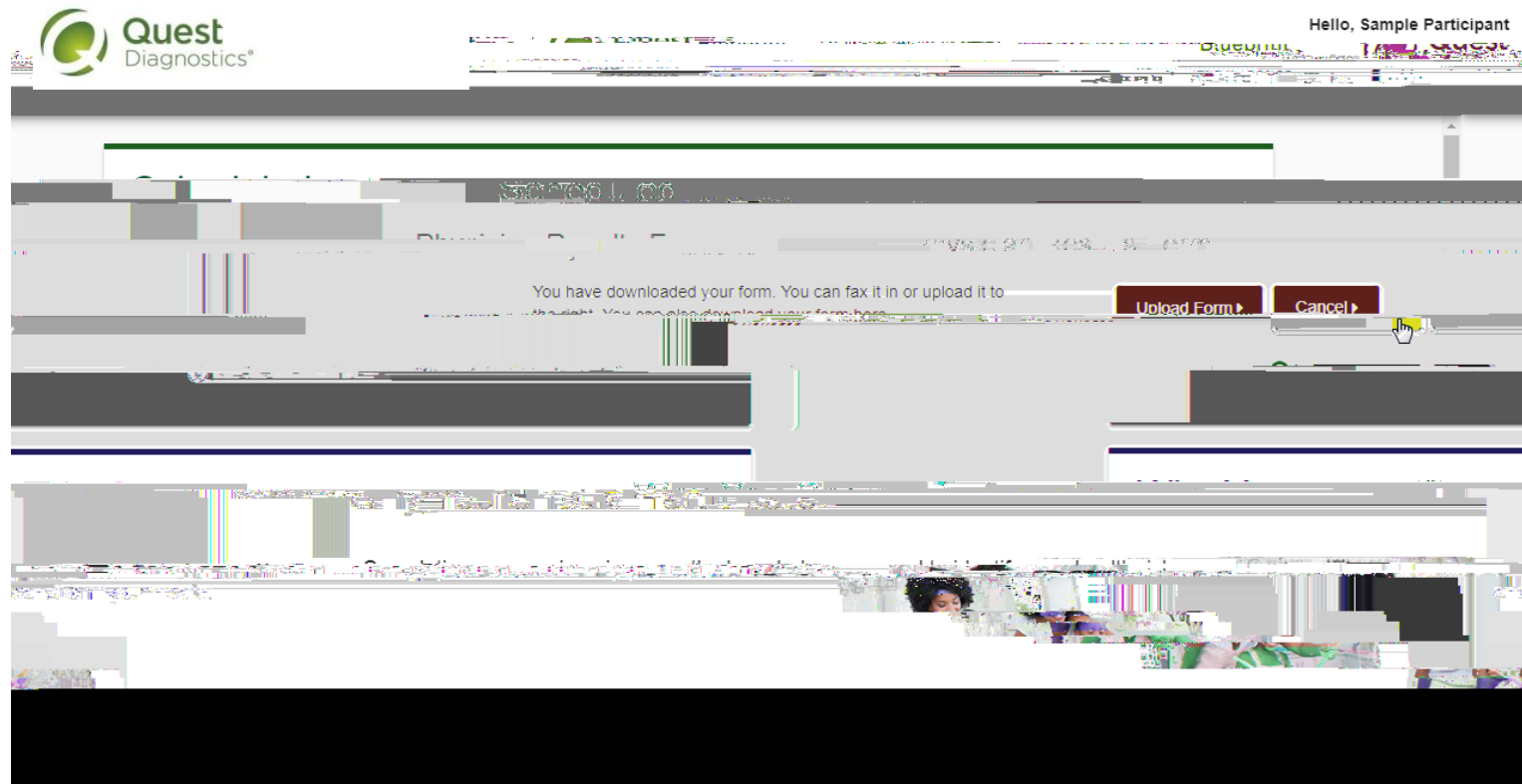


Hello, Sample Participant

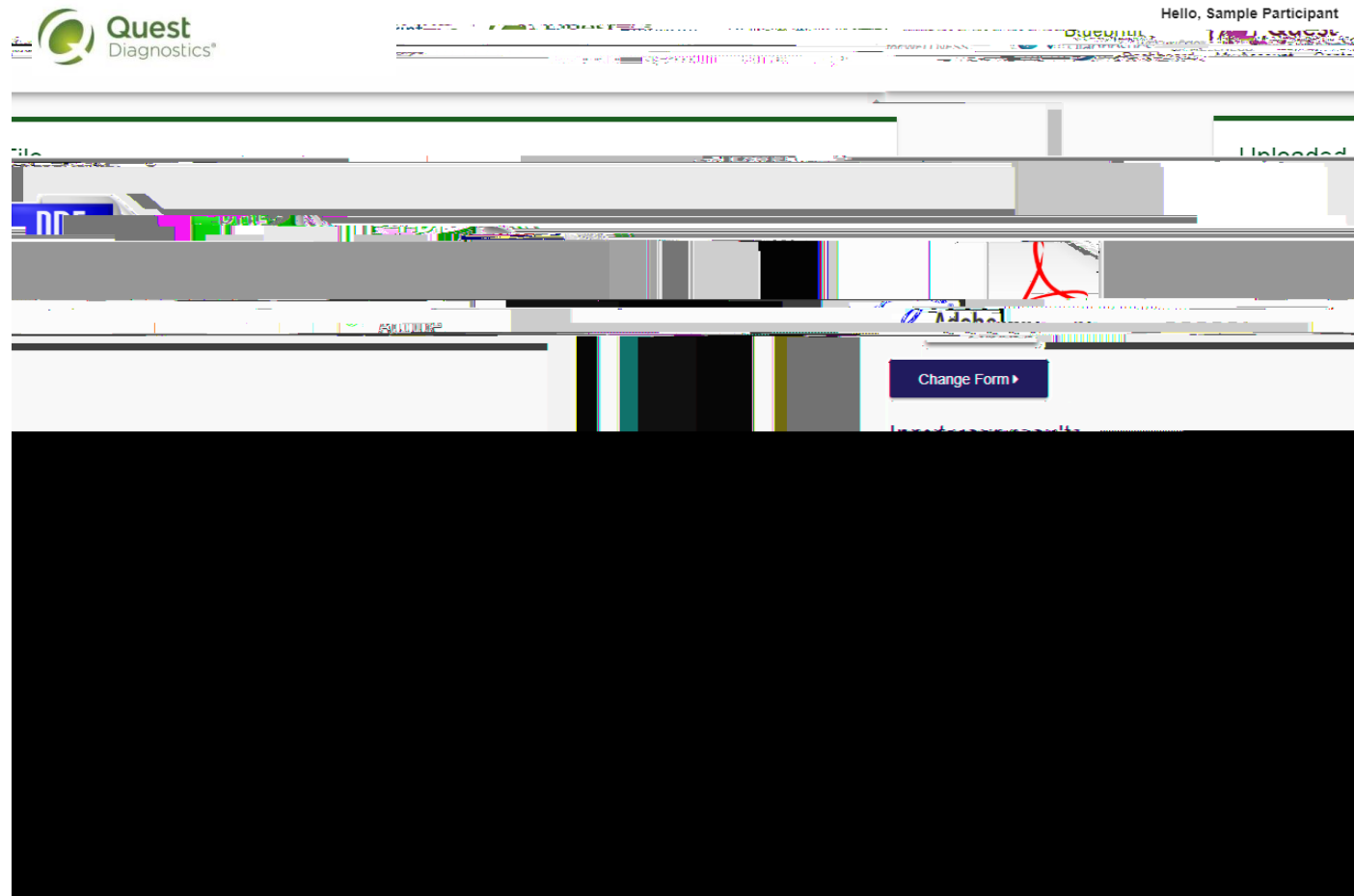


- After arriving on the confirmation page, you can select the green **Download Form** button to download and print your personalized form

- 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



- 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

Quest Diagnostics

Hello, Sample Participant

Name

HgbA1c (%Hgb)

Waist (inches)

Healthcare Provider

N/A

UPIN / NPI

Your physician has signed the form.

Submit Cancel