

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

## 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.



## Transform your health

Biometric screening results can provide powerful insights into your health and risks you may not currently recognize. See how these screening participants changed the [stories of their lives](#) with the information gained from screenings.

Did insights from your screening help you transform your health?

Tell Us Your Story ▶



- 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

### 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

Fasting 2 Hours  
Yes

HgbA1c (%Hgb)

Waist (inches)

Healthcare Provider \*  
N/A

UPIN / NPI

You have signed your form.

Your physician has signed the form.

Submit

Cancel

