

WELLNESS AND LONGEVITY

Heart Health Program

Physician Clearance and Referral: Wellness and Longevity

Participation in the Wellness and Longevity: Heart Health Program requires clearance from a doctor. This referral is valid for 6 months from date of signature.

TO BE COMPLETED BY YOUR DOCTOR

Yes, I give permission to _____
to participate in the Wellness and Longevity: Heart Health Program.

CONDITION

PHYSICIAN NAME

PRACTICE/HOSPITAL AFFILIATION

TELEPHONE NUMBER

SIGNATURE

DATE

Instructions to patient: Call 201-608-2377 or visit englewoodhealth.org/HHP to sign up and bring this form to your introductory session.



ENGLEWOOD
HOSPITAL AND MEDICAL CENTER