



BLOOD SCREENING VERIFICATION FORM

The City of Missoula is committed to improving the health and productivity of our workers and retirees. Health screenings are an invaluable tool for early detection and encourage healthy behaviors.

As the healthcare provider please complete the information below. Please bill services under preventative care or wellness unless tests are conducted as part of ongoing treatment.

City of Missoula, Human Resources Department

435 Ryman Street Missoula, MT 59802

Phone: 406-552-6130 Fax: 406-327-2151

Employee Name: _____ **DOB:** _____

Department: _____

Patient Name: _____ **Self** **Spouse**

Health Maintenance (✓ & enter date completed) **Date:** _____

Lab	<input type="checkbox"/> CBC	<input type="checkbox"/> Metabolic Panel
	<input type="checkbox"/> Lipid Profile	<input type="checkbox"/> PSA (Male Only) *

* Mandatory for males 50 years of age and older

Patient Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____