

2026 Wellness Labs & Biometric Form



INSTRUCTIONS: Print form and complete employee section below. Provide form to your medical provider to complete their portion. **Employee may not complete medical provider portion of the form.** Ensure **all fields** are completed on the form. Credit will not be provided for incomplete form. Completed forms must be submitted by **September 30, 2026 using one of the options below.** The Arthrex employee, not the medical provider, is responsible for submitting this form. Keep a copy for your records.

Option 1: Upload to ManageWell.com under Wellness Labs and Biometric Form in the Arthrex Wellness Incentive Program section. Allow 3-5 business days for ManageWell update.

Option 2: (Fax to 239-566-5854) Allow 3-5 business days for ManageWell update.

TO BE COMPLETED BY EMPLOYEE:

Print form and complete participant information below. Provide form to your medical provider to complete medical provider portion. Employee may not complete medical provider portion of the form.

First Name Last Name DOB
Employer Employee ID Male ☐ Female ☐

Participant Signature _____

TO BE COMPLETED BY MEDICAL PROVIDER:

This section is to be completed by **medical provider only**. Arthrex Employee may not complete this portion of the form. **ALL fields must be completed.** Incomplete forms will not be processed.

Date of Lab Screening Fasting? Yes/No ☐ Date of Physical

Wellness Labs	Value		Vitals	Value
Total Cholesterol	mg/dl		Blood Pressure	/ mmHg
Triglycerides	mg/dl		Height	inches
LDL Cholesterol	mg/dl		Weight	lbs
HDL Cholesterol	mg/dl			
Hemoglobin A1C OR Fasting Glucose	% mg/dl			

Physician/Provider Information

Provider Name: _____

Clinic Name: _____

Today's Date: _____

Provider Signature or Stamp