

# LIVING HEALTHY *with* PHYSICIAN'S WEEKLY

*Patient Diabetes Edition*

**ENROLLMENT REQUEST**

# It's FREE!

Living Healthy with Physician's Weekly is a laminated poster with adhesive stickers on each corner.

Easy to hang up, easy to update!

Simply fill out the form, and fax it back to 515.573.2785.



## PRACTICE INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Web Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## INTENDED LOCATION

Must be placed in patient exam rooms area. Please list the number of exam rooms your practice has.

## CLINICIANS IN PRACTICE

Name _____	Designation _____

## AUTHORIZATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_

**Please fax back TODAY at 515-573-2785.**

Questions or Comments? Please contact [service@physweekly.com](mailto:service@physweekly.com) or call 800.317.9139