



The *Plus* makes all the difference.

2050 S. Linden Road
Flint, Michigan 48501-1700
Phone: (810) 230-2118
Fax: (810) 230-2106

FAX TRANSMISSION

To: Coordinator
Dept: Health & Lifestyle Management
Fax: (810) 230-2106

From: _____

Phone: _____

Program Request Form

Tobacco Cessation Program

And/Or

Weight Management Program *(not bariatric)*

I would like to request my patient be enrolled in the following program(s):
(Select program for your patient)

Tobacco Cessation Program

Weight Management Program

Patient's Name: _____

Patient's Date of Birth: _____

Patient's HealthPlus Subscriber #: _____

Patient's Phone Number: _____

Health Practitioner's Signature: _____

Health Practitioner's Name Printed: _____

Today's Date: _____

