

p.r.e.p.[®]

- General Health Track
- Diabetes Management Track
- Healthy Hearts Track
- Postnatal Track
- Arthritis Track
- Aquatic Track
- Cancer Track

p.r.e.p.[®]are

- Bariatric Track
- Hip Surgery
- Knee Surgery
- Prenatal Track
- Other

* p.r.e.p.[®]are patients are eligible to come back and do p.r.e.p.[®] within a 2-year period. Ask a p.r.e.p.[®] Membership Coordinator for details.

Patient is cleared for unsupervised exercise. If there are any precautions/special conditions please list here.

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Patient Information

Patient name.

Patient phone.

Date of Birth / /

Provider Information

Provider name (print)

Provider signature **X**
SIGN HERE **DEGREE**

Date / /

Provider phone

Provider fax.

Fax completed form to patient's acac Fitness & Wellness Center location:

- | | |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <p>Albemarle Square
 phone 434.978.3800
 fax 434.978.4982</p> | <p>Crozet at Old Trail
 phone 434.817.2055
 fax 434.817.2059</p> |
| <p>Downtown
 phone 434.984.3800
 fax 888.259.4513</p> | <p>Eagleview
 phone 610.425.3188
 fax 610.884.6170</p> |
| <p>Germantown
 phone 240.428.2850
 fax 301.560.6368</p> | <p>Midlothian
 phone 804.378.1600
 fax 804.794.8160</p> |
| <p>Short Pump
 phone 804.464.0990
 fax 804.980.7849</p> | <p>Timonium
 phone 410.453.9111
 fax 410.453.0109</p> |
| <p>West Chester
 phone 610.431.7000
 fax 610.884.7909</p> | |

You will receive progress reports on your patients.

Provider Stamp