

**ASK YOUR DOCTOR
 TO FILL OUT &
 SEND TO US TODAY!**

- p.r.e.p.[®]
- General Health Track
 - Diabetes Management Track
 - Healthy Hearts Track
 - Menopausal
 - Arthritis Track
 - Healthy Back
 - Osteoporosis
 - Healthy Hearts Track
 - Other _____

- p.r.e.p.[®]are
- Prenatal Track/ Postnatal
 - Hip Surgery
 - Knee Surgery

* p.r.e.p.[®]are patients are eligible to come back and do p.r.e.p.[®] post surgery and/or child birth. Ask a p.r.e.p.[®] Member 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.....
 Patient email.....
 Date of Birth..... /..... /.....

Bloodwork (optional)

Total Cholesterol..... HDL.....
 Glucose..... A1C.....

Fax completed form to patient's
The Atlantic Club Fitness & Wellness Center locations:

MANASQUAN, NJ

1904 Atlantic Avenue
 Manasquan, NJ 08736
phone 732.292.4350
fax 800.758.0948

RED BANK, NJ

325 Maple Avenue
 Red Bank, NJ 07701
phone 732.450.4408
fax 800.853.5519

Provider Information

Provider name (print).....
 Provider signature **X**.....
SIGN HERE
 Date..... /..... /.....

Provider phone.....
 Provider fax.....

You will receive progress reports on your patients.

Provider Stamp