

**Physician Referral Form / Forma de Referencia del Médico**

I have been advised to see a doctor or health care clinic for follow up because one or more of my health screening results are out of the normal range.

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Se me ha avisado que debo consultar con un médico o una clínica de salud para más cuidado porque uno o más de mis exámenes clínicos han dado resultados que están afuera de los niveles normales.

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Participant Signature/Firma de participante ID#

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Referred by (Name)/Referido por (Nombre) Date/Fecha

Please indicate level below/ Por favor indicar nivel inferior:

Blood pressure/Presión sanguínea Glucose/Glucosa

Cholesterol/Colesterol Other/Otro

Refused/Rechazo