



PCSD WELLNESS UNIVERSITY 2024-2025

Preventive Care Form

Say Ahh - Primary Care Physician Wellness/Preventive screening

Date

Dr. Signature

Bright Eyes - Eye screening

Date

Dr. Signature

Colon Health - Colon cancer preventive screening

Date

Dr. Signature

Open Wide - Dental exam

Date

Dr. Signature

Well Men - Prostate cancer or men's wellness screening

Date

Dr. Signature

Well Women - Cervical cancer or women's wellness screening

Date

Dr. Signature

Mammogram - Breast cancer screening

Date

Dr. Signature

To receive credit, please provide evidence of completion, such as a preventive care form, explanation of benefits, confirmation email, or receipt. Upload the file to your WellRight account under the relevant preventive care screening. For inquiries, reach out to Catherine Miner at 801-370-4655 or catherinem@provo.edu.
