

Dear Physician:

In an effort to improve awareness of the importance of preventive health practices, the Episcopal Diocese of Chicago is asking employees to participate in their annual, no-cost preventive care screening. This letter serves as verification that the employee has had their annual visit. Thank you in advance for your cooperation with our wellness program. If you have any questions, please contact Anna Stefaniak, Associate for Human Resources at The Episcopal Diocese of Chicago, 312-751-4202.

Patient Name (print): _____

Date of Visit: _____

Physician's Signature: _____

Physician's Name (print): _____

Physician's Address: _____

Physician's Phone Number: _____

Please return this letter directly by mail, fax or email (astefaniak@episcopalchicago.org) to:

The Episcopal Diocese of Chicago

Attn: Anna Stefaniak

65 E. Huron Street

Chicago IL 60611

Fax: 312-787-5872