

# WHITMIRE MEDICAL, INC.

Managing today's health...  
with tomorrow's technology

## Health Promotion Screening Event Request

*\* Information required*

\*Name of Company \_\_\_\_\_

\*Point of Contact \_\_\_\_\_

\*Phone \_\_\_\_\_ Fax \_\_\_\_\_

\*E-mail \_\_\_\_\_

\*Location of Event \_\_\_\_\_

Street Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*ZIP \_\_\_\_\_

Date(s) of Events \_\_\_\_\_

Tests to be Conducted \_\_\_\_\_

Notes \_\_\_\_\_

Mail to: Whitmire Medical  
1112 S. 344th St.  
Suite 303  
Federal Way, WA 98003

Or Fax: (253) 874-4845