

DEA# MD000000

LIC. # MAC 000000



THE MARYLAND ATHLETIC CLUB

PATIENT NAME _____

HOME PHONE _____

EMAIL _____

DATE _____ *auto-generated* TIME _____ *auto-generated*

R_x *Healthy Start Program
at the MAC*

- CHECK ALL THAT APPLY:
- CARDIOVASCULAR CONDITIONING
 - STRENGTH TRAINING
 - WEIGHT MANAGEMENT
 - IMPROVE BALANCE & FLEXIBILITY

DOCTOR'S NAME _____

PHONE # _____

Submit!