

CAN DO FAX Recommendation Form

Fax to CAN DO program at 952-914-1876

Patient Name: _____

DOB: _____ Weight: _____ Height: _____ BMI: _____

Home Phone #: _____

Work Phone #: _____

_____ is essentially healthy* and will benefit
Patient name
from moderate exercise and dietary interventions using acceptable diets.

* please attach medication list

Provider signature

Date

Clinic

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