



Medical Form Request

***The form fee is \$10 per patient and FMLA form fee is \$25 per patient.**

Please allow our office to complete your medical form request within 2-5 business days.

The parent and/or patient information section *MUST* be completed in full *before* the physician receives the form.

Please note: Patient's name and date of birth *MUST* be noted on every page of form.

Individuals listed below may be expected to present a form of identification.

Date _____ Time _____

Type of Form _____

Patient Name _____ Date of Birth _____

Parent/Guardian _____

Address _____

Phone Number _____ Alternate Number _____

Please Check:	
<input type="checkbox"/> I will pick up form.	<input type="checkbox"/> Please mail form.

Authorized to Pick Up the Form _____ Relationship to Patient _____

For Personnel Use Only:	
PCP _____	Paid _____
Acct. # _____	Cash _____
Date _____	Check# _____
Last Well Child Check Date _____	Credit/Debit Card _____
Intake by (required initials) _____	