



# FORM TO BE COMPLETED

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requestor's Name (please print): \_\_\_\_\_

*(Forms must be requested by parties authorized in patient record.)*

Form Needed By: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(We request 2-3 business days to complete standard forms and 5 days for more extensive paperwork.)*

### Once completed please:

- Call my daytime phone(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- to pick up.
- Fax the form to my attention at (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-.
- I authorize the office to fax the form to a 3<sup>rd</sup> party.

ATTN: \_\_\_\_\_

\_\_\_\_\_

FAX: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

- Mail back to me at:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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INTERNAL USE

Received By (initials): \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_