



THH PEDIATRICS

TENDER HEARTS & HANDS

Request for Form Completion

Patient/Guardian:

I request the attached forms be completed for the following patient(s). I understand there will be a fee of **\$10 per form (\$20 for rush form)**. I further understand that **payment is required when dropping off the form** in order for the form to be filled out. The practice does not bill later for forms.

I understand that the policy of THH Pediatrics is to complete most forms within 7-10 business days, but busier times of the year may take longer and I will be informed of the time to complete.

Note: **PATIENT(S) MUST HAVE HAD A PHYSICAL WITHIN A YEAR FOR THE FORM TO BE COMPLETED. DATE OF LAST WELL CHILD EXAM:** _____

It is important to fill out the following information completely so that your request does not incur any delays.

PATIENT NAME	D.O.B.	ALLERGIES	CURRENT MEDICATION (NAME AND DOSAGE)	MEDICATION TO BE TAKEN AT SCHOOL OR CAMP
1.				
2.				
3.				

Please circle one:

MAIL HOME

PICK-UP

During the day, I may be reached at: (____) _____ if there are any questions when completing the forms.

Signature of Requestor

Relationship to Patient

Date

Office use only

Form of payment: CC_CA_CK_ Amount: \$ _____ Date of Payment: _____

Collected by (FD name): _____

Forms completed by (CTM name): _____ Date complete: _____