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REQUEST FOR COMPLETION OF FORM

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Completion of most forms require the child to have a physical exam within one year.

My child's last physical was on \_\_\_\_\_ with Dr./PNP \_\_\_\_\_  
 (If date is unknown, ask receptionist.)

Form for  School  Sports/Camp  Day Care  College  Other \_\_\_\_\_

Most schools, camps, daycares and other facilities will accept a standardized health form. Our practice will gladly:

- A. Supply you with our "Standard Health Form" for \$15.00; OR
- B. Complete the form supplied by the school, camp, daycare or other facility for \$25.00.

Payment is requested at the time of making the request.

If questions, best contact number: \_\_\_\_\_

Please check one.

- Standardized form \$15.00 charge
- My Form \$25.00 charge

Once form is completed:

- Call** when ready and I will pick up.
- Mail.** Please note: Forms can only be mailed to **your home address.**
  - Use address on file in my child's record.
  - New home address: Street: \_\_\_\_\_

City/State/ Zip code \_\_\_\_\_

**Please allow 5 business days for forms to be completed.** In order to assure compliance with HIPAA (Health Insurance Portability and Accountability Act), regulating patient privacy and confidentiality, we regret that forms cannot be faxed or mailed to an address other than home address.

\_\_\_\_\_  
 PARENT'S SIGNATURE

\_\_\_\_\_  
 DATE

This form can be FAXED to (301) 681-4268 or MAILED to: 12501 Prosperity Drive, Suite 100, Silver Spring, Md. 20904

FOR OFFICE USE ONLY:    Logged into Athena by \_\_\_\_\_    Dtd \_\_\_\_\_  
    Payment posted by \_\_\_\_\_    Dtd \_\_\_\_\_    Amt \_\_\_\_\_  
    Form completed by \_\_\_\_\_    Dtd \_\_\_\_\_