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REQUEST FOR COMPLETION OF FORM

Patient's Name: _____ **DOB:** _____

Completion of **all** forms require the child to be up to date on a well visit exam. For patients 3 and older, a well visit exam must be within one year. Our practice will gladly complete the form supplied by the school, camp, daycare, or other facility for a \$25.00 fee. Payment is **required** at the time of making the request.

My child's last physical was on _____ **with Dr.** _____

(If date is unknown, ask receptionist.)

Best Contact Number: _____

Forms can take up to 5 business days for completion.
 (Not including weekends/holidays when the office is closed.)

Once the form is completed it will be uploaded to the Privia Portal. You will receive the completed form back electronically and the hard copy will be destroyed. **You may not receive a notification when the form has been uploaded and will need to check your portal periodically.** When the form is uploaded to the portal, you will find it under "My Health" and then "Forms and Documents".

 PARENT'S SIGNATURE

 DATE

This form can be FAXED to (301) 681-4268, SENT as an attachment to a Privia portal message (must be sent in the portal for the patient it is intended for), 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 _____