



Jeffrey P. Bernstein, M.D., F.A.A.P.
 Linda A. Paxton, M.D., F.A.A.P.
 Robin G. Witkin, M.D., F.A.A.P.
 Daniel H. Feldman, M.D., F.A.A.P.
 Aasha L. Parikh, M.D., F.A.A.P.
 Vi T. Nguyen, M.D., F.A.A.P.
 Tamara M. Buckley, M.S.N., P.N.P.

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: _____

Privia Portal Message. By choosing this option, I acknowledge that I will receive the completed form back electronically and the hard copy will be destroyed. Also, I acknowledge that I may not receive a notification when the form has been sent and will need to check my portal messages periodically.

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 _____