I need a Letter or form completed

Has your child been seen for a wellness exam in the last 12 months?

- **Yes** → Did you discuss the situation/diagnosis surrounding the content of the letter at that or a subsequent visit?
  - **Yes** → Please complete the form (attached) in full. Please note we can't complete the letter or form if any missing information.
    - Allow 15 business days for completion.
    - Any applicable fees must be collected before completed form/letter will be provided.
    - Expedited letters/forms have an additional fee.
    - Return the form to our Medical Records Department.
      - *9095 N. Hess St.*
        Hayden, ID 83835
  - **No** → Please schedule an appointment to discuss the issue/diagnosis.
- **No** → Please schedule a wellness visit. We can't write letter or complete form until wellness is up to date.

Coeur d'Alene Pediatrics
Pediatrics • Adolescent Medicine

Form/Letter Completion Request

In order to complete your form or letter, we request that you complete all of the parental/patient information required on the form if any. We also request that you complete the following information:

Patient Name and DOB: *(Please Print)*	
Your Name, Relationship to Patient, and Phone Number: *(Please Print)*	
Type of Form/Letter Requested:	
Which Provider has been working with you/your child?	
Date form/letter is needed: *(If needed sooner than 10-15 Business days, Expedited Fee of $10 will be added)*	
Signature and Today's Date:	
Which office would you prefer for pickup? *(Please circle)* **Or** **Please mail to:** *(We cannot Fax or Email)*	Coeur d'Alene Post Falls Hayden

FOR STAFF USE ONLY

FRONT		
Form information completed	Yes	No
Visit needed	Yes	No
Expedite	Yes	No
Date routed to medical records:		
Staff initials:		

MEDICAL RECORDS		
Fee required	Yes	No
Expedited fee collected	Yes	No
Date fee collected:		

Date routed to front for pickup:
Staff initials:

Date picked up by patient/parent:
Staff initials:

Date form mailed:
Staff initials: