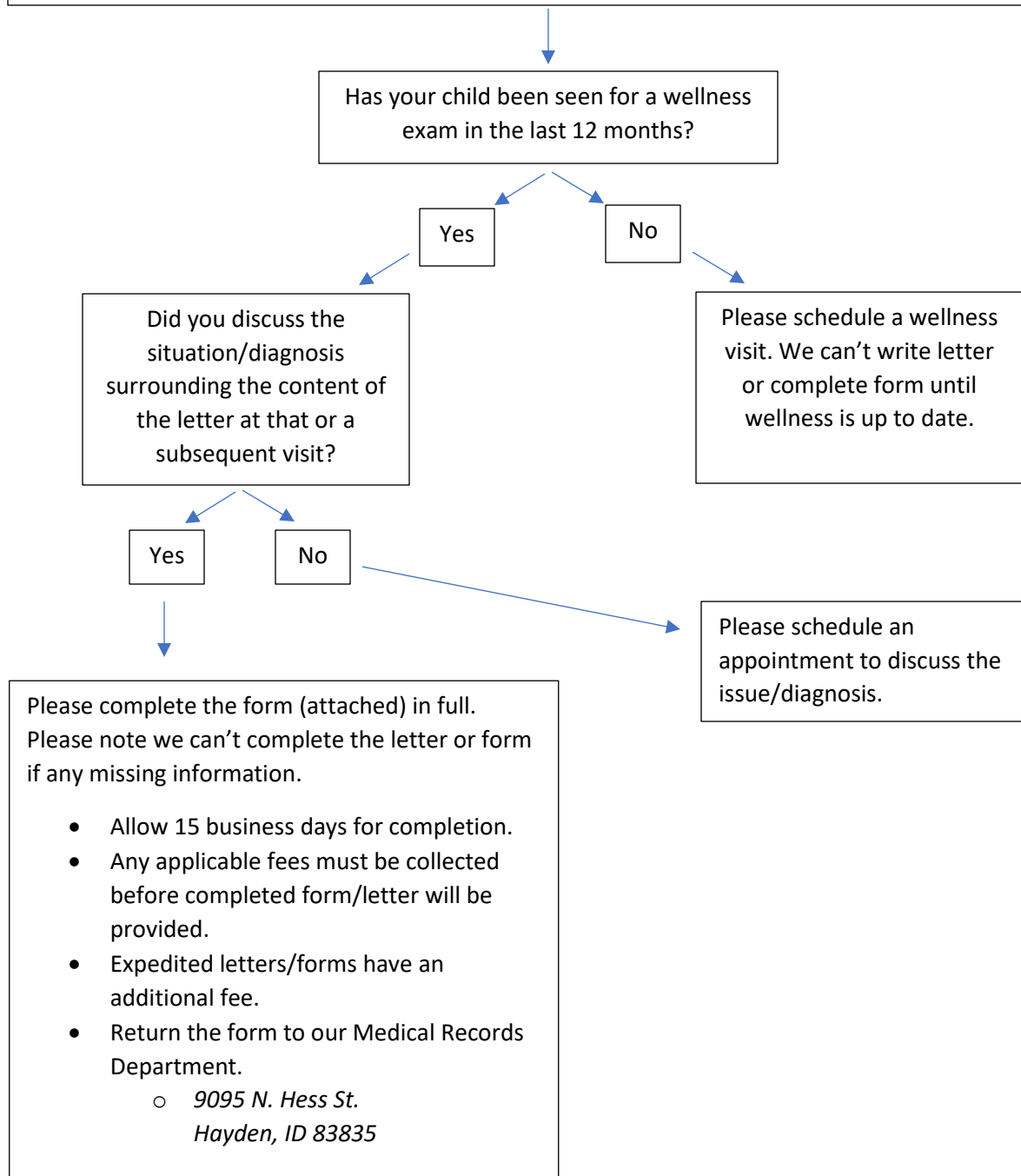


I need a Letter or form completed





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

Date picked up by patient/parent:
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 form mailed:
Staff initials: