

Carmel Pediatrics, LLC.

Authorization for Completion of Health Forms

Child's Name: _____ Date of Birth: _____

Doctor: Stoesz _____ Miller _____ Davis _____ Robinson _____

Parents must submit the entire health form with their portion completed before the doctor completes his/her portion.

I authorize Carmel Pediatrics, LLC. to complete this health form. I understand that you will be sharing information regarding my child's health with the school/camp/sports organization that my child will be attending.

I agree to pay:

_____ \$5.00 per **Routine health form** - may take 5-7 business days to complete the form.

_____ \$15.00 per **Urgent health form**- which requires completion within 24 hours of receipt in our office.

Parent's Signature: _____ Date: _____

When completed contact me at phone #: _____

_____ I will pick up.

_____ Fax to: _____ Fax #: _____

_____ Mail to: Name & Address: _____

This form is available to download online at www.carmelpediatrics.com along with a link to make payment online.

For office use only:

Form received date & time: _____

_____ dropped off _____ mailed in

Payment received:

Amount paid: _____ Check _____ MC _____ Visa _____ Cash _____

Online payment confirmation #: _____