



Carmel Pediatrics

13450 N. Meridian Street, Suite 260
Carmel, IN 46032

Authorization for Completion of Health Forms

Child's Name: _____ Date of Birth: _____

Doctor: Stoesz _____ Wiese _____ Robinson _____ Gilley _____ Beach _____

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

I authorize Carmel Pediatrics, LLC to complete the following information on this health form. I understand that Carmel Pediatrics, LLC 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 **Routine Health Form** – may take 5-7 business days to complete the form.

_____ \$15.00 **Urgent Health Form** – requires completion within 24 hours of receipt in office.

**SIGN
HERE** →

Parent's signature: _____ Date: _____

When completed, please contact me at phone number: _____

_____ I will pick up my form.

_____ Please fax form with Attention To (Name & Location): _____ Fax #: _____

_____ Please mail my form to: Name: _____

Address: _____

This form is available to download online at CarmelPediatrics.com.

For Office Use Only

Form received date & time: _____

Dropped off _____ Mailed in _____

Payment Received:

Amount paid: _____ Check #: _____ MC _____ VISA: _____ Cash: _____

Online payment confirmation #: _____