



carmel pediatrics
Independent Pediatricians Who Care

Authorization for Completion of Health Forms

Child's Name: _____ Date of Birth: _____

Doctor: Beach _____ Erney _____ Gilley _____ Nti _____ Stephenson _____ Wiese _____

I agree to pay:

_____ \$10.00 **Routine Health Form** – may take 5-7 business days to complete the form.

_____ \$20.00 **Urgent Health Form** – requires completion within two (2) business days of receipt.

(only Childcare, Sports forms and Camp forms can be completed urgently)

_____ \$20.00 **FMLA Form** – this form is more in-depth and may require a phone call from the physician.



Parent's signature: _____ Date: _____

Please provide phone number to send a text to for payment: _____

Select 1 destination for the form. Please note we can't send it directly to schools or childcare facilities

_____ I will pick up my form. *(The phone number above will be used to let you know your form is ready.)*

_____ Please email the form to: _____ (1 address only, please print)

_____ 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 _____ E-Mailed in _____

Payment Received:

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

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