

FORM COMPLETION REQUEST

All patient sections of the forms must be completed in full upon submission. Payment in the amount of **\$25** is due before the processing of your request will begin. Payments can be made via cash, check, or credit card. Please complete the information below and allow five (5) business days for the staff to process and complete your request.

Today's Date: _____ Patient Name: _____ DOB: _____
 Phone: _____ Address: _____
 Type of Form: _____ Provider: _____
 Did you miss work? Y N N/A If yes, what dates: _____

If other than patient, the form will be picked up by whom: _____

Relation: _____

I understand that the earliest, the form will be ready in 5 business days from drop off which will be on: _____, and that the staff will contact me at the number provided above once it is completed and ready to be picked up.

I authorize CalvertHealth Primary Care Prince Frederick to release the information needed to complete the form. Released information may include information pertaining to behavioral/mental health care, substance abuse treatment, HIV/AIDS, and genetics. This authorization is valid for one (1) year from the date I sign and may be revoked at any time by written notice. I understand that certain forms require a scheduled appointment to complete, which may not be accommodated within the 5 business days.

Signature: _____ Printed Name: _____ Date: _____

Staff Signature: _____ Printed Name: _____

FOR OFFICE USE ONLY

PAYMENT RECEIVED:	CASH	CREDIT CARD:	CHECK#:	

