**HIGHLANDS HEALTH NETWORK FORM REQUEST**

Please note:

* All requests for forms may take up to three weeks.
* We will call you when the form is complete.
* There may be a fee to complete the form. The fee varies with the amount of information required to complete the form. You will be notified of the fee when we call you.
* Most forms require a non-refundable $25 deposit. Please see the receptionist for more information.
* Please complete all the patient information required on the form now.
* I have read and understand the above information.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to expedite your request, please complete the following:

Patients Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date dropped off\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

 Deposit collected OR N/A

 Stamp in chart & form placed in doctor’s mailbox

 Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Patient called to pick up Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_