**HIGHLANDS HEALTH NETWORK FORM REQUEST**

**We are no longer accepting paper copies of forms. Please contact our office at 519-941-7575 to make a request for electronic form completion.**

* 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.
* 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

 Stamp in chart & form placed in doctor’s mailbox

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

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

 Form scanned to chart

Additional instructions: