



Name _____ Date of Birth ____ / ____ / ____

Phone # _____

Do we have your permission to leave a message if needed? Yes _____ No _____

1. There is a \$15.00 fee for completion of each form. You may call the appropriate location and provide credit card information over the phone, or pay by cash, check, or credit card at the time the forms are picked up or sent.
2. Please send a Release of Information with your form which includes the name of the person or place that is to receive it or the name of the individual who will be picking it up. The Release of Information is also available on our website.
3. When sending your form, please make sure your portion, if any, is complete, this information sheet is filled out and signed, and a Release of Information is included. These items may be emailed, faxed or mailed. Please see our website for the contact information for the appropriate clinic.
4. Please select preferred method of returning forms:

Name _____

Mailing Address _____

Email Address _____

Fax # _____

***I have read these instructions and understand there is a minimum wait of 3 business days for the completion of forms.**

Signature _____

FOR OFFICE USE ONLY

Account #

Fee Amount/Paid