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## Form Completion Request

### SECTION A: FOR PATIENT/GUARDIAN TO COMPLETE:

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_/\_\_\_/\_\_\_ MD: Baker Choi Erickson Felske

I request to have the following form(s) to be completed. Completed form(s) will be:

- Picked up in Carol Stream/Naperville by \_\_\_\_\_  
(Circle One location) (Name of authorized person) (Relationship)
- Faxed to: \_\_\_\_\_ Attn: \_\_\_\_\_ Fax Number : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Company name)
- Mailed to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Handicapped Parking Form - No Charge

\_\_\_\_\_ FMLA, Disability, Physician Statement or any Other Misc Form(s) 1-2 Pages = \$10  
3 or more pages = \$20

# of pages to be completed \_\_\_\_\_ TOTAL FEE DUE: \$ \_\_\_\_\_ .00

#### Check one: Payment Options:

- Pay in office in person (Credit Card, Check or Cash)
- Pay over the phone by Credit Card

I understand it will take 7-10 business days for forms to be completed. I understand that payment for these services via cash, check, or credit card will be necessary *before* forms can be completed and distributed. I authorize the release of any facts and/or related records concerning the injury, illness, or treatment (including mental/nervous diagnosis/treatment, infectious/contagious disease information, and/or information about drug, alcohol, or substance abuse or treatment of same) of myself or my dependents to the named party as specified above. A photocopy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Signature of Patient (or Parent/Guardian if patient is under 18 yrs old)

\_\_\_\_\_  
Date of Request

### SECTION B: FOR SPORTSMED WHEATON OTHERPOAEDICS STAFF (PSR) TO COMPLETE

Payment collected by \_\_\_\_\_/PSR Patient paid via: *credit check cash* on \_\_\_/\_\_\_/\_\_\_\_. Patient # \_\_\_\_\_

### SECTION C: TO BE COMPLETED AT TIME OF PICK UP, FAX, OR MAILING

Circle one: **Faxed Mailed** or **Picked up** by \_\_\_\_\_

_____ Signature of Patient or Authorized Person	_____ Printed Name
	_____ Date