



PAPERWORK REQUEST FORM

Today's Date: ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Primary Physician: Hamm Loeb Nagy Speropoulos Gatz Rastogi Allen

Please return my form via (please check one):

- Email – Email Address: _____
- Mail – Address _____
- Fax – Fax Number & Facility Name: _____
- Pick up – Phone Number: _____

(We will call you when the form is ready for pick up)

Please check one of the following. Payment is expected before completion.

- \$10 – Form will be completed in 7-10 **Business Days** from date of payment
- \$25 – Form will be completed within 48 **Business Hours** (additional "Rush Fee" of \$15) from date of Payment. **(Rush Only)** Date form needed by: ____/____/____
- \$40 – FMLA & other complex paperwork (will be available within 14 business days) from date of Payment – these cannot be done on a rush basis

Please check one of the following:

- I will pay with cash, card or check today - CASH OR CHECK#: _____ Employee Initials: _____
 Select Card: VISA MC DISC AMEX
 Card No. _____ Exp. Date _____ Sec.Code _____
- Please charge my card on file. I am aware I am responsible for my card on file being current
 - DATE CARD CHARGED: ____/____/____

Printed Parent/Guardian Name: _____ Parent/Guardian Signature: _____

(or Patient if 18 yrs or older)

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Please complete this paperwork request form in black ink only and attach it to the form you need completed by your physician.

You submit your request via:

Email info@LeawoodPediatrics.com
 Fax 913.948.9128
 Mail/Person 5401 College Blvd, Ste 101, Leawood, KS 66211

-----OFFICE USE ONLY-----

Last Well Visit: ____/____/____

Payment posted to account: ____/____/____ in the amount of \$ _____ Employee Initials: _____