



**PAPERWORK REQUEST FORM**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Primary Physician:** Hamm Loeb Nagy Speropoulos Gatz 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** 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)

(or Patient if 18 yrs or older)

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](mailto: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: \_\_\_\_\_