PAPERWORK REQUEST FORM

Today's Date: _____/_____/_____

Child's Name: _____Date of Birth: _____/_____/_____

Primary Physician: ☐ Hamm ☐ Loeb ☐ Speropoulos ☐ Steele ☐ Allen ☐ Gatz

Please return my form via (please check one):

☐ 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: ____/____/____

***Completion of FMLA paperwork requires a scheduled office or telemedicine visit.
These forms often require the physician to provide detailed information about your child's medical condition, expected duration, treatment needs, and anticipated frequency of parental absence from work. A visit allows the physician to review the current medical situation, clarify the requested leave, and complete the certification accurately and appropriately.

Please check one of the following:

☐ I will pay with card or check today - 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.

Submit your request via:

Email	medicalrecords@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:** _____