

Patient Name: Reception to affix label

Today's Date: DD/MM/YY: _____ Receptionist _____

What is the Form Name: _____

Patient / Guardian /POA Complete Below

Please read the following instructions to ensure your form is processed as efficiently as possible.

Initial Completed



- I have reviewed the form to ensure all the applicable fields that require patient information have been completed. Example: name, address, phone, plan number etc.
- I am aware that my doctor may require an appointment for the completion of the form. If so, reception will contact me to book an appointment
- I am aware there may be a **Fee for form completion** per OMA Fee Guidelines Posted in GFHT
- I am aware that form processing may take **up to 4 weeks** and that reception will contact me once my form is ready to be picked up
- I am requesting that this form be completed **urgently** (less than 2 weeks). I am aware this request is subject to the approval of my doctor and there will be an additional \$50.00 fee for this request.

My doctor is aware that I am bringing a form in for him/her to complete.

OR

My doctor is not aware and below is a brief explanation:

Print Your Name _____ if you are not the patient

Indicate your relationship to patient _____

Telephone number you can be reached at _____

*** Return this cover page along with your form to the reception desk ***

RECEPTION:

Affix the patient label, SIGN the checklist, send a msg to SCAN "form in your mailbox" and place the form in the Scanning mailbox. All steps must be taken: Checklist, msg to SCAN, put in Scanning.