

JOHNS CREEK PEDIATRICS
4395 Johns Creek Pkwy, Suite 150
Suwanee, GA 30024
PHONE: 770-814-1160 / FAX: 770-814-1173

DATE: _____

- _____ IMMUNIZATION FORM 3231
- _____ HEARING, VISION, DENTAL AND NUTRITION FORM 3300
- _____ PHYSICAL EXAM FORM/SPORTS PHYSICAL FORM
- _____ ALLERGY OR ASTHMA ACTION PLAN
- _____ AUTHORIZATION TO CARRY MEDS/INHALER AT SCHOOL
- _____ SCHOOL/WORK EXCUSE

PATIENT NAME: _____

DATE OF BIRTH: _____

PRIMARY DOCTOR: _____

If you need the above requested form(s) to be faxed, please complete the fields below. Your signature and phone number are required as well.

I authorize Johns Creek Pediatrics to release the above requested form(s) to:

NAME: _____

ATTN: _____

FAX: _____

PARENT SIGNATURE: _____ DAYTIME PHONE #: _____

We will make 3 attempts to deliver the documents, after that, parents will be responsible for picking it up at our office.

If you would like the requested form(s) sent to you electronically, we can send them via our secured patient access portal. If you need information on how to set up an account, please visit our website or call our office.