

# Physical or Immunization Form Request



**Greater Lowell Pediatrics**  
Boston Children's  
Primary Care Alliance

greaterlowellpediatrics.com  
Lowell: 978-452-2200 | fax 978-441-2550  
Westford: 978-392-2200 | fax 978-392-8500

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## I am requesting a copy of:

- Patient provided form (sports, camp, etc.)
- Immunizations only
- Physical exam (immunizations included)

Please note, there is a \$5.00 charge for all form requests.

## Authorization

Signature of parent/guardian, or patient if 18 or older:

\_\_\_\_\_

Date: \_\_\_\_\_

## Office use only

Witness initials: \_\_\_\_\_

- Call when ready, pay when picking up
- Call when ready, paid
- Mail home, paid