

Continental Psychiatric Services, PLLC

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Patient's name..... D.O.B.....

Doctor's name..... Doctor's phone#.....
Doctor's fax #.....

To Whom It May Concern:

The above named patient has been referred to me for medication management and/or psychotherapy. A current medical evaluation is an important part of my diagnostic workup. We are kindly requesting to have the enclosed form filled out and please fax it back at the number provided above. Please attach any pertinent documentation, including but not limited to the most recent physical examination, blood work results and EKG.

Thank you for your cooperation.

Sincerely yours,

Martha Alzamora, M.D.

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Permission is here granted for release of information regarding the above named patient.

Date..... Patient's signature.....

