



- -

- -

-

3\$57 % \$02817 2) &\$5(1(('(' :KHQ DTQVZHWLLRQJ VW KHHVHS LQ PLQG WKD
IRU FDUH E\ WKH HPSOR\HH VHHNZQW\OEDYHFPDNGLQFFDXGKI\DLVQLLVW D
WUDQVSRUWDWLRQ QHHGV RU WKH SURYLVLQR RI SK\VLFDQ RU SV

:LOO WKH SDWLHQW EH LQFDSDSHWDRGRIIRMLPHVILQFDDHQRQJQX
UHFYHU\" BBB1R BBB<HV

(VWLPDWH WKH EHJLQQLQS HDQRG HQGLSDFFBMMBBBFBUBBKB BBBB

'XULQJ WKLW WLPQH ZIGOEDVIBBSVDWLHQW

([SODLQ WKH FDUH QHHGHG E\ WKH SDWLHQW DQG ZK\ VXFK FDUH

:LOO WKH SDWLHQW UHTXELXGILQJDRQ\XSLWUHRBFBHQFWVHUQ' BBB

(VWLPDWH WUHDWPHHQFVOXGLQGXWKFHGHDDVHGRIDSSRLQWPHQWV DQ
HDFK DSSRLQWPHQW LQFOXGLQJ DQ\ UHFYHU\ SHULRG

BB

([SODLQ WKH FDUH QHHGHG EDWKHLSDMIGHGDDOQGHZFKIVVDEK

:LOO WKH SDWLHQW UHTXLUHFHGUHFRIQGXQHLQVWILUPLWQFHQXGLQJ WDK
1R BBIV

(VWLPDWH KRXHU V WQW SDHMQ BDULQWHUPLWWHQW EDVLV LI DQ\

BBBBBBBUB V SHU GGD\BFBHUBBEBNBBBBBBBWBKUBBBB

([SODLQ WKH FDUH QHHGHG EDWKHLSDMIGHGDDOQGHZFKIVVDEK

: LOO WKH FRQGLWLRQ FDXVH HSYLVH Q V L Q J O V D U H X S V L S H Q W L R Q R P D S O O
DFWLYLWLVH" BBBB1R BBBB<HV

%DVHG N S R Q W K Q W T V P H G L F D O K R V W R U H G D Q G W L R Q N G R Z O F R G W H W
I O D U H X S V D Q G W K H G X U D W L R Q R I U H O D W H G L Q F D S D F L W S W K B G W H V
H Y H U \ P R Q W K V O D V W L Q J G D \ V

) U H T X H Q F \ B B ~~BBBB~~ M B L F Z H H V H S H P U R G W B K B V

' X U D W L R Q R X B B B B U V B S B S C D R G H

' R H V W K H S D W L H Q W Q H H G F D U H ~~S X B B L Q J~~ W K H V H I O D U H X S V " B B B B

([S O D L Q W K H F D U H Q H H G H G X F F D W K H L S D P M I G H G M B D B C B B B B B B M B D B B B B B B

BBBB

BBB

BBBB

BBB

\$',7,21\$/ ,1)250\$7,21 ,'(17,)< 48(67,21 180%(5 :,7+ <285 \$',7,21\$/ \$

BB

BB

BB

BB

BB

BB

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

, I V X E P L W W H G L W L V P D Q G D W R U \ L I R G I H P S O R X M U M W R W K M D L Q H F R B S V R I R V
&) 5 † 3 H U V R Q V D U H Q R W U H T X L U H G L W R R U F D S R Q G W Q O M K V L V L A R G O W S O D W R
F R Q W U R O Q X P E H U 7 K H ' H S D U W P H Q W D N R I D D E R Y U H H D W H L F R W H P L W K D M V L W R Z L O H V S
F R O O H F W L R Q R I L Q I R U P D W L R Q L Q K O W G R Q J W K H D W E R H Q J R H [U V W L A Z I Q D Q L D W W K X
G D W D Q H H G H G D Q G F R P S O H W L Q J D R D W L R Y Q L H Z L Q R X W K D H Y F R D O O H F R V L R H Q W H V L Q H B D
R U D Q \ R W K H U D V S H F W R I W K L V F J B O W E R O R Q R L Q I R H G P D V L Q R I Q W K I Q F G W G B Q Q V X H
: D J H D Q G + R X U ' L Y L V L R Q 8 6 R P S D U W P H Q W R Q V M E W R W E R Q \$ Y H 1 : : D V K L Q J W
DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

3DJH

)RUP :+ 5HYLVHG -DQXDU\