

Appointment Request

Your Name: _____ **Birthdate:** _____

Phone number: _____

Which Physician?

- | | | |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Dr. Herzog | <input type="checkbox"/> Dr. Diekroeger | <input type="checkbox"/> Dr. Small |
| <input type="checkbox"/> Dr. Smith | <input type="checkbox"/> Dr. Banks | <input type="checkbox"/> Dr. Weeks |
| <input type="checkbox"/> Dr. Adams | <input type="checkbox"/> Dr. Maxa | <input type="checkbox"/> Dr. Varner |

Appointment Type

- Physical Exam
- Office visit (new or recurrent problem)
- Follow-up care (as part of prior visit's treatment plan)
- Special testing (e.g. Stress Test, ECHO)

(what test?) _____

- Lab draw only (NOT to see the doctor)
- Immunization only (including flu shots)
- Other:
(specify) _____

Please note:

Some appointment types are restricted to certain times of the day and/or certain days of the week. Therefore, not all requests may be accommodated.

Preferred Time of Day (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Early morning (before 9) | <input type="checkbox"/> Early Afternoon (before 2) |
| <input type="checkbox"/> Mid morning (9-11) | <input type="checkbox"/> Mid Afternoon (2-3) |
| <input type="checkbox"/> Late morning (11-12) | <input type="checkbox"/> Late Afternoon (3-3:45) |

Preferred Day of Week (check all that apply)

- | | | |
|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Any Day | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |

Other information we may need to know about your appointment:

- Check this box if you want to be placed on the "Cancellation List".
"Please call me if an appointment becomes available based upon _____."

- Earlier day
- Earlier time, same day
- Earlier time, same day of the week