

**Geauga Family Physicians**

**J. Brad Moritz, MD John Urbancic, MD Melanie Carlson, MD**

Board Certified Family Physicians

**13221 Ravenna Road Chardon, OH 44024  
(440) 286-6155 FAX (440) 286-6156**

My Family Physician: (Dr. Moritz ) (Dr. Urbancic ) ( Dr. Carlson ) Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

I Authorize Geauga Family Physicians to obtain medical information from my gynecologist concerning my PAP, Mammogram and Bone Density results.

\_\_\_\_\_  
Print Name of patient Signature of patient Birth Date

**Doctor \_\_\_\_\_: You are listed as the specialist for this patient's gynecological care. The patient notified us that you have seen them in the last three ( 3 ) years. Please complete this form for the results of the patient's PAP (in the last three years), Mammogram (last two years) and bone density results. As this patient's Primary Care Physician, CMS now requires us to have this information in our medical record.**

**Date of PAP Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**PAP test results: (Please FAX results to Geauga Family Physicians 440.286.6156)**

Patient did not have a PAP done because \_\_\_\_\_

**Suggested Follow UP:**  1 year  Other \_\_\_\_\_

**Date of Mammogram: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Mammogram Results: (Please FAX results to Geauga Family Physicians 440.286.6156)**

A Mammogram was not ordered because \_\_\_\_\_

**Suggested Follow UP:**  1 year  Other \_\_\_\_\_

**Date of Bone Density Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Bone Density test results: (Please FAX results to Geauga Family Physicians 440.286.6156)**

A Bone Density was not ordered because \_\_\_\_\_

**Suggested Follow UP:**  1 year  Other \_\_\_\_\_

ADDITIONAL FINDINGS /COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinic or Doctor's Name \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_