

Burnsville Family Physicians, P.A.  
Criteria for Requesting a Form to be Completed

When requesting a form to be completed by Burnsville Family Physicians, P.A., there is some necessary information that is needed and/or required in order for our physicians to be successful in the completion of that form.

This information is as follows:

WHO – Who is requesting that the form be completed?

WHAT – What on the form is to be completed? Any information on the form pertaining to the patient and/or responsible party that you can fill out should be done completely before handing the form in. Information such as: name, address and signatures should all be completed.

WHERE – Where does the form need to go after completion? Does it need to be faxed, mailed or placed at our front desk for pick-up?

WHY – Why is the form being requested for completion? Is this form for a sports physical?

If this form is pertaining to a work related issue, and for those who have already missed work because of illness; there is additional information that will be needed:

Approximate date illness began? (Be as specific as you can) DATE: \_\_\_\_\_

Date of first day missed from work? DATE: \_\_\_\_\_

Are you now back to work? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are working what was the date you first returned to work? DATE: \_\_\_\_\_

Form Information Requested

Who? \_\_\_\_\_

What? \_\_\_\_\_

Where? \_\_\_\_\_

When – We will process your request within 7-10 business days after the date we received the completed form with the necessary information completed.

Why? \_\_\_\_\_

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

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

Date Encounter is Created: \_\_\_\_\_

Signature: \_\_\_\_\_

Physician that you want this form to be routed to: (Please check one physician)

John D. Rhoades, MD     Michael C. Magnuson, MD     Barbara J. Sterner, MD  
 Laura E. Scherf, M.D.     Jill M Johnson, MD     James C Clark, MD

Once you have completed the necessary portions of this form, please be sure that you attach your form to this piece of paper.

Thank you in advance for your cooperation.  
Burnsville Family Physicians, P.A.

Note: Forms to be kept or to be scanned are at the discretion of the nurse and the physicians.

Forms Criteria Addition – Per Physician Meeting 5/7/02

FMLA Form – An appointment is required for this form to be completed.

MMI Form – Later determined with JDR that most of these forms require very little information and would not require an appointment. If there is physician intervention required, the support staff would discuss situational requests.

HOME HEALTH CERTIFICATION/RECERTIFICATION Form – See attached additional instructions at the end of the forms protocol.

Updated 11/2003  
Updated 10/2001  
Updated 4/23/02  
Updated 6/7/02  
Updated 10/27/03  
Updated 4/20/05  
Updated 4/27/06