



Please advise our team if you would like to receive a more complete summary of your visit via our Patient Portal. For non-urgent matters, you may message your care team directly using the Patient Portal.

Name: _____ Date: _____ Your care team: _____

Diagnostics ordered: If you have not received a report within the time indicated below, please call us at the number listed above.

_____ Lead levels (14 days) _____ Strep culture (2-3 days) _____ Imaging (5 days)
_____ Lab work (7 days) _____ COVID testing (72 hours)

Your referral information from today's appointment: _____

If you haven't heard from the referred clinic within 14 days, please reach out to your referral coordinator: Angie Reynolds at 208.263.7101.

Upcoming appointment information. Please schedule the following:

_____ Well Child Check, by: _____ _____ Dental exam

_____ Follow-up as needed _____ Follow-up in _____ weeks _____ months

Requested time slot: _____ top of the hour _____ bottom of the hour Schedule as telemedicine appointment? _____

If scheduling as telemedicine appointment, has needed technology been discussed with patient? _____ yes _____ no

Your next appointment has been scheduled on: _____ at _____ am / pm



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