



2505 W. Shaw Ave., Bldg. A
Fresno, CA 93711
P: 559-228-9100 x 2
F: 559-432-8055
E: GOTInfo@gftherapy.com

REPORT REQUEST

Please Note this request is for other entities, agencies, or doctors that are not listed on the Release of Information form. This is a one-time request and future reports will not be sent to the recipient listed below.

DATE: _____

RE: _____

I, _____, _____ request a copy of
(Parent or Guardian Full Name) (Relationship to Child)

the following information about _____ be sent to the
(Child's Full Name)
address below:

(Please Initial all that apply)

_____ Occupational Therapy Report

_____ Treatment Plan

_____ Progress Report

_____ Daily Notes, please specify time frame: _____

_____ Other Reports we have on file, please specify: _____

_____ Other Documents, please specify: _____

_____ Authorization for verbal contact with: _____

Please Print:

Name of Recipient

Print Name of Requestor

Street Address

Signature of Requestor

City, State, Zip Code

Date mailed: _____