

RELEASE ID #: _____

PROCESSOR: _____

**MEDICAL SECRETARIES
FORMS COVER SHEET**

Name: _____

Medical Record Number: _____

Disabling condition: _____

Name of treating physician: _____

Last visit date: _____

If the form requires current complete physical, this must be performed within 1 year.
This may vary depending on the form.

Physician: _____

Special instructions: