

Bernard Kim, M.D.
3636 Executive Center Dr., Ste. G-70
Austin, TX 78731
Telephone: (512) 371-9555
Medical Records Fax: (512) 367-5756

Stimulant Medical Work Up:

Dear Provider,

_____ has been seen by our office on _____, and has been started on a treatment plan including the use of stimulant medications for the diagnosis of _____.

In order to establish a baseline prior to treatment we are asking patients to have a routine physical exam and EKG. Patients are also asked to establish a primary care provider with annual follow up visits. We appreciate your help in caring for our mutual patient.

Sincerely,

Pondworks Provider: : _____

Please complete this information and either return to patient or fax to our office at (512) 367-5756:

Exam	WNL	Further Work Up Needed	Comments:
Cardiac Physical Exam			
EKG			

Physician Name: _____

Physician Signature: _____