Codman Square
Health Center

Codman Square Health Center
637 Washington Street Dorchester, MA 02124
617 825 9660 • codman.org

WALK-IN PATIENT REQUEST FORM

Today's Date _____ /_____ /_____ **Time** _____:_____ [AM] / [PM]

Name _____

DOB _____ /_____ /_____ **Primary Phone Number** _____

Message

_____

_____

_____

_____

_____

_____

Form Request

☐ physical form ☐ immunization ☐ lab results
☐ referrals ☐ medical records ☐ medical office note
☐ other, please specify _____

How will you receive request?

☐ mail ☐ pick up (ID required) ☐ fax (information required)

Name and address of person: _____

_____

Facility receiving information: _____

Provider Name: _____

Revised: December 2018