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Procedural Instruction 6025.27, "Integration Of Primary Care Behavioral Health (PCBH) Services Into Patient-Centered Medical Home (PCMH) And Other Primary Care Apr 1th, 2024

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19. Please Provide A Printout Of Your Patient's Medical History And Clinical Notes (if Applicable). Doctor's Declaration I Declare That I Have Examined The Patient Named Above And/or Have Referred To Their Medical Records And Confirm That The Information Given Is A True And Correct Statement. Name Of Doctor/Dentist: Signature: Email: Phone: Fax: Mar 1th, 2024

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