



**Anderson Regional Office**  
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### Medical Appointment Form

**All Foster Children are required to have Annual EPSDT Physicals to meet State standards.**  
**\*\*\*Please complete the attached INDIANA STATE FORM 49964 if the visit is for a physical exam.\*\*\***

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Providers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax#: \_\_\_\_\_

Type of Appointment:

Annual EPSDT Physical Exam:  Sick Visit:  Hearing Screening (EPSDT):   
 Follow-Up Visit:  Other:  Vision Screening (EPSDT):

Examination Notes and Treatment Recommendations:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication Prescribed	Dosage	Time of Day	Possible Side Effects of the Medications

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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