PONDWORKS
PSYCHIATRY AND PSYCHOTHERAPY

3636 Executive Center Dr., Ste. G-70
Austin, TX 78731
Phone: (512) 371-9555, Fax: (512) 367-5756

PONDWORKS STIMULANT MEDICAL WORK UP

Dear Medical Provider,

I evaluated patient _____ on_____ and initiated a treatment plan that includes the use of stimulant medications for the diagnosis of _____.

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

Sincerely,

Bernard Kim, MD
_____, Pondworks PA

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

Type of Exam	WNL?	Further Work Up Needed?	Comments
Cardiac Physical Exam			
EKG			

_____ _____

Physician Name Physician Signature

_____

Date

V 2.0