

# Rachel Z. Chatters, M.D.

A Professional Medical Corporation  
1935 Southwood Dr.  
Lake Charles, LA 70605  
(337) 475-9009 Fax (337) 475-9006

Dear \_\_\_\_\_,

Your student, \_\_\_\_\_ whose date of birth is \_\_\_\_\_, is being evaluated in our office. Please complete the attached form(s) and return them via fax or mail to the above address on or before the student's next medical appointment which is scheduled for \_\_\_\_\_.

**PLEASE DO NOT GIVE FORMS TO STUDENT OR PARENTS.**

Thank you for your cooperation and participation in this medical matter.

Sincerely,

Rachel Z. Chatters, M.D.

I, \_\_\_\_\_ give my express consent and authorization to release any information including copies of school records, summaries, or narratives relative to my child's academic or behavioral standing to the office of Dr. Rachel Z. Chatters, M.D.

Student's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_