

**AMENDMENT REQUEST
PARENT/GUARDIAN**

Date: _____

I, _____, am the parent/guardian
(Print Name Here)
of _____.
(Print Name Here)

I request an amendment to his/her medical record at Giant Leaps Occupational Therapy, PC. The amendment to the record is:

I understand that Giant Leaps Occupational Therapy, PC will reply to this request within 10 working days of their receipt of this request.

Signature: _____

Date Received by Giant Leaps Occupational Therapy, PC: _____

**AMENDMENT REQUEST
PATIENT**

Date: _____

I, _____, request an amendment
(Print Name Here)

to my medical record at Giant Leaps Occupational Therapy, PC. The amendment to the record is:

I understand that Giant Leaps Occupational Therapy, PC will reply to this request within 10 working days of their receipt of this request.

Signature: _____

Date Received by Giant Leaps Occupational Therapy, PC: _____