To: Jennifer L. Rhodes, M.D.  
FAX: 804-828-3045  
Phone: 804-828-3042

Pt:

INSTRUCTIONS

Please give have your pediatrician complete this cover sheet. Ask your pediatrician to fax a pediatric history and physical exam with medical clearance for your child’s surgery.

This Cover Sheet should be faxed to us at (804) 828-3045.

If you have questions please call (804) 828-3042.

Additional Comments: