

Provider Form for Medical or Psychological Semester **Withdrawal**

Student Name: \_\_\_\_\_ Student B Number: \_\_\_\_\_

(Please write legibly)

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

**Provider Information:**

Name and credentials: \_\_\_\_\_

License Number: \_\_\_\_\_

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

Phone and Fax Numbers: \_\_\_\_\_

**Patient Information:**

Patient's Name and Date of Birth: \_\_\_\_\_

Date of Patient's initial appointment with you: \_\_\_\_\_

Date of Patients most recent appointment: \_\_\_\_\_

Diagnosis and Reason for Medical or Psychological Withdrawal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please **Fax** this form to Binghamton University Decker Student Health Services Center at **607-777-2881**.  
(Phone number 607-777-2221)