

Sore Throat with Fever – Medical Documentation Verification Form

Physician	
Phone #	
Fax #	
Patient/Case #	
Diagnosis	
Date of Diagnosis	

Please check the box that applies:

- The above Patient/Case # has received antibiotic therapy for *Streptococcus pyogenes* (Group A Streptococcus) infection for more than 24 hours
- The above Patient/Case # has at least one negative throat specimen culture for *Streptococcus pyogenes* Group A Streptococcus) infection.
- The above Patient/Case # has been determined to be free of a *Streptococcus pyogenes* (Group A Streptococcus) infection. (For this selection, please provide how this was determined below):

Physician Signature: _____

Date: _____

