

Accommodation Request Form

Advanced Dermatology, PC, seeks to make its services, goods, and facilities as accessible as possible to the public, including those who have disabilities. If a disability prevents you from fully using our facility or enjoying our services, we would like your ideas on how we can try to serve you better.

Contact Information

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Preferred Method of Contact: _____

Accommodation Requested

Please specify the reasons you are requesting accommodation (check all that apply):

☐ to allow me to receive services or purchase goods AD provides. Please specify: _____

☐ to request an exception to a rule, policy, or procedure. Please specify the rule, policy, or procedure: _____

☐ Other reasons, please specify (for instance, to request a change in how we communicate with you or a change to our physical location): _____

Staff Use (identify who had discussions with the person making the request)

Date received: _____ Location involved: _____

Does the Request involve a service animal (choose one)? ☐ Yes ☐ No If yes, the work or task the animal is trained to perform: _____

Policy, Practice, or Procedure to Modify: _____

Does the request require structural modifications? ☐ Yes ☐ No If yes, please specify: _____

Result (circle one): ☐ Approved / ☐ Denied Reason for Denial: _____

Communicated to requestor? Yes / No Date and manner: _____

Discussed alternate arrangements? Yes / No

Alternates discussed and result: _____

Staff member completing this form (and date): _____