



BlueCross BlueShield of North Carolina

An Independent Licensee of the
Blue Cross and Blue Shield Association
Physician Assistant Letter of Recommendation Form

Physician Assistant's Name:

Address:

Supervising Physician:

Job responsibilities and duties performed (i.e. histories, physicals, hospital rounds, assisting in surgery etc.) _____

How are the physician assistant's patients admitted?

How is the physician assistant supervised by other physicians when you are unavailable? _____

Supervising Physician's Signature _____

Date: _____

***If additional space is needed please attach**