

Green Oaks Medical Center, PC  
Dr. Christine Green

2500 Hospital Drive, Bldg 2  
Mountain View, CA 94040  
650-433-8925/Fax: 650-523-4682

2136 Sutter St.  
San Francisco, CA 94115  
415-415-968-4384/ Fax: 415-992-5917

**PRIMARY CARE POLICY**

Our office is not a Primary Care Facility. We do not provide primary care or urgent care services. We require our patients to establish themselves with a Primary Care Physician and provide our office with this information. Our staff does not have hospital privileges and we are unable to treat patients at any other facility. We do not provide urgent or acute, immediate care at our office. We do not have practitioners on call for emergencies. If any of our patients are experiencing an emergency medical situation, they are advised to contact 911.

**Please provide us with the contact information for your Primary Care Provider:**

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Address: \_\_\_\_\_  
City State Zip

\_\_\_\_\_ **I do not have a Primary Care Provider and I am aware that this office will not be responsible for my primary care.**

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

**Would you like us to contact your Primary Care Provider for a copy of your records?**

\*Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please fill out a Records Release form.

**Would you like us to contact your Primary Care Provider to inform him/her of your care and treatments at this office?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, I give my consent for the staff and practitioners at this office to provide information about my medical situation and treatments to my Primary Care Provider.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_