

Primary Care Policy

Our office is not a Primary Care Facility. We do not provide 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 to the staff and practitioners at the office to provide information about my medical situation and treatments to my Primary Care Provider.

Name: _____

Signature: _____ Date: _____