



Dear Patient,

Welcome to Edge Family Medicine! We intend to provide you with the best care the region has to offer. Achieving your best possible health requires a “partnership” between you and your doctor. As our “partner in health”, we ask you to help us in the following ways:

SCHEDULE VISITS WITH YOUR PROVIDER FOR ROUTINE PHYSICAL EXAMS AND OTHER RECOMMENDED HEALTH SCREENINGS

I understand that my doctor will explain to me which regular health screenings are appropriate for my age, gender, and personal and family history. These recommended health screenings (mammogram, pap smears, etc.) can help detect life-threatening diseases and conditions. If I visit my doctor only for treatment of immediate problems and forget to arrange regular health screenings, I put myself at risk of letting serious health problems go undetected. I will schedule regular visits with my doctor to complete my physical exam and to discuss these health screenings.

KEEP FOLLOW-UP APPOINTMENTS AND RESCHEDULE MISSED APPOINTMENTS

I understand that my doctor will want to know how my condition is progressing after I leave the office. Returning to my doctor on time, provides him or her the chance to check my condition and my response to treatment. During a follow-up appointment, my doctor might order tests, refer me to a specialist, prescribe medication, or even discover and treat a serious health condition. If I miss an appointment and don’t reschedule, I run the risk that my physician will not be able to detect and treat a serious health condition. I will make every effort to reschedule missed appointments as soon as possible.

CALL THE OFFICE WHEN I DO NOT HEAR THE RESULTS OF LABS AND OTHER TESTS

I understand that my physician’s goal is to report my lab and test results to me as soon as possible. However, if I do not hear from my physician’s office within the time specified, I will call the office for my test results.

INFORM MY DOCTOR IF I DECIDE NOT TO FOLLOW HIS OR HER RECOMMENDED TREATMENT PLAN

I understand that after examining me, my doctor may make certain recommendations based on what he or she evaluates as best for my health. This might include prescribing medication, referring me to a specialist, ordering labs and tests, or even asking me to return to the office within a certain period of time. I understand that failing to following my treatment plan may have serious, negative effects on my health. I will let my doctor know whenever I decide not to follow his or her recommendations, so that he or she may fully inform me of any risks associated with my decision to delay or refuse treatment.

Thank you for your partnership. As our patient, you have the right to be informed about your health care. We invite you, **at any time**, to ask questions, report symptoms, or discuss any concerns you may have. If you need more information about your health condition, please ask.

I acknowledge that I have received a copy of the Edge Family Medicine Welcome Letter.

Patient Signature

Date

Patient Name