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ENTRUST MEDICAL GROUP

OTOLARYNGOLOGISTS

PATIENT PARTNERSHIP PLAN

Dear Patient,

Welcome to our practice. We intend to provide you with the care and service that you expect and deserve. 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 For Follow-up Care and Other Recommended Testing:

I understand that my doctor will explain to me, which diagnostic tests are appropriate for my medical condition. I understand I will need to complete these recommended tests (cultures/radiology/imaging/labs/biopsies, etc). These health screenings are tests that can help detect life-threatening diseases and conditions. If I do not follow through with the recommended testing then I put myself at risk of letting serious health problems go undetected. I will schedule regular visit with my doctor to follow-up 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 progresses after I leave the office. Returning to my doctor on time gives him/her the chance to check my condition and my response to treatment. During a follow-up appointment, my doctor might order tests, refer to another specialist, prescribe medications, or even discover and treat a serious health condition. If I miss an appointment and do not 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 Plans:

I understand that after examining me, my doctor may make certain recommendations based on what he or she feels is best for my health. This might include prescribing medication, referring me to a specialist, ordering labs and test, or even asking me to return to the office within a certain period of time. I understand that not following my treatment plan can 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 or condition, please ask.

Patient Signature

Date

Physician’s Signature