



## Welcome to our practice!

You, the patient, are the most important person in our office. We are committed to providing you with the best possible medical care. Excellence is our goal. We have worked to provide a full range of services and have highly-trained, knowledgeable staff.

### Please review and familiarize yourself with our office policies:

**Phones:** Telephones are answered Monday – Friday 8am – 4:30pm

**Emergencies:** For life-threatening situations, call 911. If you have an urgent problem, please call our office for instructions. After hours, our answering service will inform you of how to reach a physician on call.

**Test Results:** For test results, we will follow up within 5-7 days. Abnormal results will be followed up as soon as possible.

**Prescriptions:** All prescriptions and refill requests should be requested during normal business hours. **Please have your pharmacy e-scribe your refill request to (615) 768-7833 for medication renewals.** Please allow 24-48 hours for completion of the request. Be sure to call the pharmacy to see if the prescription is ready. Under no circumstances will pain medicine be called in during weekend hours or after-hours.

**Phone Messages:** Messages will be returned in 24-48 hours. Repeated phone calls will only delay the processing of your request.

### Appointments:

Please call in advance for routine office visits. Make follow-up appointments as you leave. We make every effort to stay on schedule, although emergencies arise. If we are seriously delayed, we attempt to notify patients beforehand.

As a courtesy to other patients and staff, please notify our office as soon as possible if you are unable to keep your appointment. If you are **15 minutes** past your scheduled appointment time, we will need to reschedule. Multiple no-shows will result in termination from our practice.

### What do we need from you?

Notify the medical practice of any change in his/her health status.

To follow the recommended treatment plans and inform the medical practice of any physical/mental impairment requiring special accommodations

To ask questions if directions and procedures are not understood.

Bring all medication bottles with you to every appointment.

### How did you hear about us? Please check one:

- |   |  |
|---|--|
| <input type="checkbox"/> Another Provider-Please provide provider name: _____ |  |
| <input type="checkbox"/> Walk In  | <input type="checkbox"/> Yellow Pages                      |
| <input type="checkbox"/> Friend, Family, Word of Mouth                        | <input type="checkbox"/> Insurance Company                 |
| <input type="checkbox"/> Print Advertising                                    | <input type="checkbox"/> Billboard, TV, Radio              |
| <input type="checkbox"/> HCA Website  | <input type="checkbox"/> Telephone (Holding with Hospital) |
| <input type="checkbox"/> Pharmacy-Minute Clinic, Little Clinic                | <input type="checkbox"/> Search Engine                     |

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_