



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 orthopaedic outcome** 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 as Recommended by My Doctor

I understand that my doctor will explain to me my treatment plan in detail. I will schedule the visits pertaining to diagnostic tests, treatments and other physician specialists as recommended by my doctor. I understand that by following the treatment plan as outlined, it will enable me to obtain the highest level possible of functionality and overall outcome.

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 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 complete my treatment as outlined. This may put my overall outcome at risk, as well as preventing detection and treatment of a serious health condition. I will make every effort to reschedule missed appointments as soon as possible. I understand that I may be charged a fee for an appointment missed without a 24-hour advance notice. I understand that multiple missed appointments could result in my dismissal from care.

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 feels is best for my orthopaedic condition. This might include but is not limited to prescribing medication, referring me to a specialist, ordering labs and tests, recommending surgical intervention, 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 overall outcome. I will let my doctor know whenever I decide *not* to follow his recommendations so that he 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 Signature