



## **Patient Participation Form**

Dear Patient,

Welcome to Rogue Valley Pain, Physical & Regenerative Medicine. We hope to provide you with the care and service that you expect and deserve. Achieving your best possible health requires a “participation agreement” between you and your doctor.

I, (full name) \_\_\_\_\_ understand the importance of keeping my scheduled appointment and the impact it has on my healthcare and the efficient functioning of the facility.

I acknowledge that:

- I will keep all follow up 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 medications, and possibly have other treatments to offer.
- It is my responsibility to arrive on time for the appointment and allow sufficient time for registration, check-in, and any necessary paperwork.
- If I am unable to keep this appointment, I will notify Rogue Valley Pain, Physical & Regenerative Medicine at least 24 hours in advance, so that the appointment slot can be made available to another patient in need.
- I understand that if I do not reschedule my appointment within the required timeframe, (more than twice in a calendar year) this can allow my case considered for dismissal determination.

I understand that emergencies or unforeseen circumstances may arise, and I will make every effort to inform Rogue Valley Pain, Physical & Regenerative Medicine promptly if I am unable to keep the appointment.

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

By signing this form, I confirm that I will attend all my scheduled appointments or provide appropriate notice if I am unable to do so.