



Patient Partnership Form

Dear Patient,

Welcome to Pain Specialists of Southern Oregon. We hope 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 participate in your care in the following ways:

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.

If I must cancel or reschedule, I will do so 24 hours in advanced of my scheduled appointment

If I must cancel or reschedule my appointment with Pain Specialists of Southern Oregon, I will do so 24 hours in advanced of my scheduled visit to avoid a cancellation fee. I understand that if I do not reschedule my appointment within the required timeframe, more than twice in a calendar year, my case will be brought before Pain Specialists of Southern Oregon Board for dismissal determination.

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

Signature (patient, parent, or guardian): _____ Date: _____
_____/_____