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OFFICE POLICIES FOR OUR VALUED PATIENTS

Thank you for choosing Desert Family Medical Center as your primary care provider office. In order to provide our patients with the highest quality of medical healthcare, this office has implemented office policies to set standards that will allow the delivery of your healthcare to run smoothly, and assure you of clear communication of expectations between you, the patient, and our medical office.

This document confirms that the following patient listed below has received a copy of the Office Policies For Our Valued Patients at Desert Family Medical Center. The patient or parent/guardian of patient is certifying that he/she has read and understands these policies.

Print Patient Name: _____

Date of Birth: _____

Patient's Signature: _____

Print Parent or Legal Guardian's Name: _____
(If patient is a minor or dependent adult)

Parent or Legal Guardian's Signature: _____
(If patient is a minor or dependent adult)

Date: _____

This document will be filed in patient's chart.