

OBGYN By the Sea

The doctors would like you to know a couple things:

- We **will** be notifying you with all results whether they are good or bad.
- We post all **normal results** to our **patient portal**. You **will not** receive a call with normal results.
- You will receive a phone call with any abnormal results. Please make sure your **voicemail is set up and not full**, that way we can leave you a message to call us back or a detailed message with results.
- If you prefer that we do not leave your results on your voicemail, we will call the number below and leave a message for you to call the office back.

Please provide the best number to contact you

Name: _____ Date: _____

Number: _____

- Leave detailed message on voicemail if applicable
- Do not leave detailed message

If you have not heard anything from the office within two weeks (via phone or patient portal) regarding your results please contact the office via patient portal.

If you need non urgent assistance please use the portal. We check the portal once a day Monday- Friday. We get back to you within 36 hours (unless it's over the weekend then we will get back you on the next business day)

Reasons for portal use:

- Access results
- Request refills
- Medical questions
- Request someone to call you back to schedule an appt

The portal **should not** be used for any medical emergencies.

If you have an **Urgent matter** or need to schedule an appt, please call the office.

OBGYN By the Sea, LLC

Patient Registration form

Patient information

First Name _____ Last Name _____ MI _____

Maiden Name _____ Marital status _____ Social Security # _____

Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Home Phone _____ Cell phone _____ work phone _____

Occupation _____ Language spoken _____

REFERRING PROVIDER:

REFERRAL SOURCE:

Emergency Contacts : we may contact in case of an emergency or if we cannot reach you

Full Name _____ Relationship _____ Telephone _____

Full Name _____ Relationship _____ Telephone _____

Pharmacy information

Name and Address _____

Phone number _____ Fax Number _____

Name and Address _____

Phone number _____ Fax Number _____

NO-SHOW Policy

- In order to be respectful of the medical needs of our patients, please notify us if you are unable to attend your appointment.
- This opens up availability to those who need to be seen and helps us decrease your waiting times for scheduled appointments.
- Please give us at least 24 hours advanced notice. _____ Initial

How to cancel/reschedule your appointment

To cancel/reschedule your appointment please call the office and leave a detailed message

- 954-772-3960
- 954-467-2013

If you do not give 24-Hour notice to cancel or reschedule your appointment, this is considered a NO-SHOW and you will be billed.

- 50.00 dollars for a visit
- 75.00 dollars for a procedure _____ Initial

You will not be allowed to make another appointment until the no-show fee is paid in full. _____ Initial

Name: _____

Date: _____

Signature: _____

OBGYN By the Sea

GENERAL CONSENT FOR COMPREHENSIVE EXAMINATIONS.

I understand that I am consenting that OBGYN By the SEA LLC, it's Physicians, Nurse Practitioners, Medical Assistants, Ultrasound Technicians, or Medical Students (when applicable) can provide and perform medical care, tests, blood draws, procedures, breast examinations, or any medically indicated physical examination which may include, but may not be limited to the following:

- A female Gynecological Exam, which may include a Pelvic Exam and a Rectal Exam.
- A Pelvic/ Transvaginal Ultrasound Examination which will include a probe placed into the vagina.
- A rectal exam
- Examination of external genitalia

These examinations are agreed upon and in the best interest of my health.

This consent will remain active until I withdraw my consent in writing.

Name: _____ Date: _____

Signature of Patient or Patient's Representative if under 18:
