| Name:  | DOB:   |
|--|--|
| ACKNOWLEDGEMENT: please initial the following  | ng three items   |
| Please add Knowles Primary Care (931-837-6963) to your phone contacts.   |  |
| I understand that certain types of information transmitted via email.  | n cannot be left on a voice mail message or  |
| "NO SHOWS" HURT OUR BUSINESS! Became see fewer patients in a day than most physician their appointments. "No shows" also hurt other parawere not because the schedule was full. The frequentheir individual needs: medically and personally. The in advance with the patient's input. We provide the the appointment date and time on the patient's received texts approximately one week prior to the appointment patients, the courtesy and respect of remembering cancellation is necessary, a 24-hour notice is best, in | s. This makes it vital that our patients keep tients who could otherwise be seen, but ency of a patient's appointments is based on ese <b>Follow Up</b> appointments are scheduled patient with an appointment card and write eipt. We also provide confirmation calls or nent. Please give us, and your fellow and keeping your appointment. If a |
| Communication Consent  |  |
| What is the best way to reach you? Choose one, orHome PhoneMobile Phone  |  |
| What is the best way to send appointment confirm   | nations?TEXT orCALL  |
| Do you have voice mail set up, and do you receive Is it ok to leave a voicemail?YESNC  |  |
| In addition to myself, I also authorize Dr. Robert Kninformation with the following individuals, upon the  |  |
| Name   | Relationship to Patient  |
|  |  |
|  |  |
| Consent to Treat   |  |
| I authorize Dr. Robert Knowles to provide treatment Internal Medicine. I understand that I have the righ recommended.  |  |
| Signature of patient:  | Date:  |