

Patient Partnership Plan

Dear Patient,

Welcome to the Practice of Dr. Gregory D. Lewen! As a patient of our Practice, we consistently strive to provide you with the superior care and service that you deserve. Our common goal of achieving your best possible medical and/or cosmetic results requires a “partnership” between you and your doctor. As our partner in achieving your best health, we ask that you commit to participate in your care in the following ways:

I Understand That My Treatment Plan Has Been Recommended by Dr. Lewen

I understand that Dr. Lewen will design an individualized treatment plan based on my specific condition. Dr. Lewen and his staff will explain this treatment plan to me in detail. I understand that by following this treatment plan as outlined, it will enable me to obtain the highest level of care and the best overall outcome.

I Will Keep My Follow-Up Appointments and Re-Schedule Any Missed Appointments

I understand that Dr. Lewen will want to know how my condition progresses after I leave the office. Returning to Dr. Lewen on time gives him the chance to check my condition, and monitor my response to treatment. It also gives him ample opportunity to identify any issues in a timely fashion so that they can be appropriately managed effectively. During a follow-up appointment, Dr. Lewen might order tests, refer me to a specialist, prescribe medication, or even discover and make recommendations to treat a serious health condition. If I miss an appointment, and I do not re-schedule in a timely fashion, I understand that I will run the risk that Dr. Lewen may not be able to accurately detect and treat a serious health condition before it can cause more serious complications. I will make every effort to re-schedule any missed appointments as soon as possible.

I Will Inform My Doctor if I Decide Not to Follow His Recommended Treatment Plan

I understand that after consultation and examination, Dr. Lewen may make certain recommendations based on what he feels is best for my health. This might include prescribing medication, referring me to a specialist, ordering labs and/or additional tests, scheduling a procedure or surgery, or even asking me to return to the office within a certain period of time. I understand that if I choose not to follow any aspect of my prescribed treatment plan, I run the risk of having serious negative complications that can affect my health in a variety of ways. I commit that I will let Dr. Lewen know whenever I decide not to follow his recommendations so that he may fully inform me of any applicable risks that may be associated with my decision to delay or refuse treatment.

Thank you for your partnership. You have the right to be well-informed regarding your health care. As our patient, we invite you, at any time, to ask questions, seek an explanation, report symptoms, and/or discuss any concerns you may have regarding your health care. If you need more information about your health or your medical condition, please feel free to ask.

Patient Signature: _____ Date : _____

Patient Name: _____ Date of Birth: _____

Witness Signature: _____ Date: _____