

Consent to In-Person Medical Office Visit with Dr. Richard Shames

I, _____, understand that this form constitutes my agreement to purchase hormone-balancing medical care from Richard Shames MD. I agree to be working with a primary care doctor who will manage my general health needs.

I understand that at the time of faxing or emailing this form, my credit card will be charged \$395 (\$240 for 25min. revisit) with no refund available for the New Patient 50-minute session. It is further understood that should I need to change my appointment after scheduling, I must provide at least 48 hours advance notice. Late cancellation or missed appointments will result in loss of the appointment fee, except in dire emergency. With at least 48 hours advance notice we will be happy to rearrange your appointment to suit your needs.

Please **call** 415-472-2343 between 9am-5pm (PST) to schedule your appointment (**Medical office visits are scheduled for Tuesday mornings in Cotati and Thursdays (all day) in San Rafael**). We look forward to supporting your health goals.

To schedule your session, simply fill out the form below. All lines must be filled in, including witness signature AND primary physician information in order for this form to be processed. **Fax it to 415-472-7636 or email julie@pmcmarin.com**. Then **call 415-472-2343** between 9am-5pm (PST) to schedule your appointment with Dr. Shames. **NO MEDICARE BILLING OR REIMBURSEMENT IS POSSIBLE.**

Print Name		Signature and Date	
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Print Witness Name		Witness Signature and Date	
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Your Street Address	City	State	Zip
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Home Phone	Work Phone	Cell Phone	Fax
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Best Times to reach you	Email Address	Birth Date
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Type of Card	Credit Card Number	Expiration Date	Security Code
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Print Formal Name on Card	Signature of Card Holder-if different from patient
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How did you hear about Dr. Shames?

Name of Your Primary Doctor	Doctor's City,	State, & Phone #
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