

Dr. Conan Shaw  
667 Castle Creek Dr.  
Seven Fields, PA 16046  
(724) 778-3000

### **Policies and Procedures**

In the interest of ensuring a smooth process for patient care please review the following information: To maximize time with your provider please arrive five minutes before your scheduled appointment time, out of respect for all of our patients time if a patient is late the visit might be shortened to accommodate subsequent scheduled patients. Please bring a list of questions to your visits.

**Cancellation policy:** We require 24 hour notice for canceling appointments, there will be a full office visit charge for people who fail to call and notify us within 24 hours of scheduled appointments or who do not show for appointments.

**Patient compliance:** All patients agree to schedule an office visit at intervals recommended by Dr. Shaw, who reserves the right to discontinue care with a patient who does not follow the recommended office visit schedule and treatment guidelines.

**Submitting to insurance:** Although Dr. Shaw does not participate with any insurance programs, he is willing to provide itemized invoices with insurance claim codes and diagnosis for possible reimbursement at patient request.

**Vitamin refills:** Patients can email or call the office to re-order vitamins. It is requested that the patient email or call prior to stopping in to the office to pick up to save time and assure that the order requested is in stock for pickup. Vitamin orders can also be shipped. If the order is received before 10:00 AM in the morning it will be processed that day and go out on the 11 o'clock pick up time with the US Postal Service. Phone or email orders placed after 12:00 PM on Friday will be handled on Monday.

**Blood Work:** Blood work orders and interpretation of blood work results are at office visits only unless Dr. Shaw tells you that he will call or email results.

I have read, understood and agree to abide by the above policies and procedures. This consent form is valid until all or part is revoked in writing.

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date