

Rik Smith, MD
Board Certified Internal Medicine
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Mary Beth Britton- King, APRN
Antranette Cooks, APRN

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TWORIVERSFAMILYPRACTICE.COM

Two Rivers Family Practice

1231 South Patrick Drive, Satellite Beach, FL 32937

TWO RIVERS FAMILY PRACTICE OFFICE POLICY REGARDING FOLLOW-UP CARE

Please read carefully and then sign below

Name _____ Date _____

I, below signed, agree and understand that it is my responsibility to follow up with recommended lab tests, imaging, consultation with specialists, and also to keep track of when I am due to return to this office for continued care. I will not expect or rely on notification from this office when follow-up is due. The office has systems in place for courtesy reminders but they are not guaranteed and I will not rely on them. If any serious medical issues arise because of my failure to follow through with recommended appointments, labs, imaging, or other medical advice, I will not hold Dr. Smith, Mary Beth Britton-King APRN, or Antranette Cooks APRN responsible for my negative outcome.

I understand that non-compliance with recommended follow up, recommended testing, and recommended consultation with specialists could be grounds for dismissal from the practice. This is not meant to be a threat, but a warning that Dr. Smith and his staff take your health very seriously. Non- compliance with recommended medical care is a serious threat to your health.

Medication refills are usually provided during your office visit. If you are on medication that requires regular follow-up, please arrange for your next follow-up visit BEFORE your medication is due to run out. If you need a medication refill and are not due for an office visit yet, please contact your pharmacy directly.

By signing below, you acknowledge that you understand that it is not Dr. Smith or his staff's obligation to refill your medication if you have not followed up for your office visit. If a unique situation arises that prevents you from coming in when your follow-up is due, special arrangements may be made to refill your medication until you can be seen in the office, but this will not be done on a regular basis.

Patient signature _____ Date _____