**FOLLOW –UP CONTRACT**

We do our best to set up follow up appointments for all patients who need them. However, there are instances where patients have changed phone numbers, or cancelled appointments we set up without giving us their updated information. This interruption can result in poor care and outcomes. Our office strives to contact you in case a follow up appointment was not booked or cancelled, but we would also like you to participate in this**.**

**PLEASE CALL OUR OFFICE AS SOON AS POSSIBLE, IN CASE WE HAVE NOT CONTACTED YOU TO SCHEDULE YOUR FOLLOW UP. ALSO BE ADVISED THAT IF YOU FAILED TO KEEP YOUR APPOINTMENT IT IS YOUR RESPONSIBILITY TO BOOK AN APPOINTMENT AT YOUR EARLIEST CONVENIENCE.**

By signing below you attest to understanding that you are responsible for setting up an appointment with the office, in the event that no one contacted you from the office or you missed an appointment without informing us.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Patient or Legally Responsible Person Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (A.M./P.M.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Patient or Legally Responsible Person**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Witness (Include Position/Title)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name of Witness**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*