

BIRJIS K. ALAM, M.D., P.A.

12781 Miramar Parkway, Suite 101
Miramar, FL 33027

PATIENT NAME: _____

**CONSENT FOR DIAGNOSTIC, PRESCRIPTION HISTORY
AND/OR THERAPEUTIC PROCEDURES**

I hereby consent to and authorize the physician and any other health professional as designated to perform a physical examination and routine diagnostic procedure upon me, I also, consent to and authorize the physician and any other health professional to view my prescription history from external sources and to prescribe a therapeutic regime which I shall follow.

Patient signature: _____ Date: _____

REFERRAL POLICY

All referrals requests must comply with the referral policy due to software changes. If a patient is currently contacted with an insurance company that requires a referral to either a specialist, diagnostic facility, therapy facility or durable medical equipment, the following protocol shall be followed to ensure all referrals are generated in the proper order according to medical need, date seen and/or date referral was requested.

- Only “Dr.-determined” referral of absolute **emergent** necessity -issued same day
- Only “Dr.-determined” referral of **urgent** necessity -24-hour time limit
- **Routine referral request by either physician, specialist or patient - 5-10 business days. If not requested with in the timeframe listed above the appointment must be rescheduled.**

There will be no exceptions to the policy. Please make sure you contact our referral department with ample time for all your referral needs.

Patient signature: _____ Date: _____

NO SHOW POLICY

We understand that there are reasons for having to cancel an appointment, we ask you to show consideration by calling well in advance if you are unable to keep an appointment. We would like to have the option to offer that appointment to another patient who needs to see the doctor. Please let this notice serve to notify you that if you fail to give us a 24-hour notice of cancellation, there will be a \$50.00 cancellation fee.

Patient signature: _____ Date: _____