

Park Cities Allergy & Asthma
Vinita Schroeder, M.D. P.A.

Office Policies

We appreciate you choosing Park Cities Allergy & Asthma to partner in your care.

As a new patient, we thought you would have questions about our office policies and have provided information below.

1. Underage patients will not be treated without a parent or designated guardian present. If you need to designate a guardian to bring your child to our office, please request "Treatment of a Minor" form at the front desk.
2. Medical records will not be released without a signed and dated release form. Once the form is received, our office staff has a two week period to prepare the records for release. There is a fee charged for this service. Please request a "Medical Records Release" form at the front desk.
3. As a patient of Park Cities Allergy & Asthma, your treatment plan usually entails a follow up appointment with the doctor every three or four months. If you are noncompliant with follow up appointments, we can not authorize medication refills through the pharmacy.
4. For patients using a mail order refill program who would like us to fax your prescription as a courtesy to you, it is your responsibility to print out the required forms and bring them in to the office to be faxed on the day of your appointment.
5. If you lose a prescription or lab order form, there will be a charge to complete the forms a second time.
6. As this is an allergist office, we ask you to be considerate of other patients by not smoking before you come to the office, not wearing perfumes or using lotions with a strong fragrance. Also, please no eating or drinking in the waiting room.
7. There will be a charge for missed appointments.
8. When calling our office due to illness, please keep in mind that we are seeing patients at the same time. We will get back to you as soon as we possibly can.

If you have questions or need further information, please ask to speak with our Office Manager.

I have read and understand Park Cities Allergy & Asthma's Office Policies.

Signature of Patient or Patient Representative
(if patient is a minor)

Date