

## Office of Todd Lamster, DPM

Diplomate, American Board of Podiatric Surgery Diplomate, American Board of Podiatric Medicine

## **GENERAL OFFICE POLICIES**

Contact Information	
Do you permit members of this office to leave detailed medial information, such as imagi results or lab results:	าดู
On the phone? Home YES or NO Cell YES or NO	
Electronically (through the portal or through email)? YES or NO	
Can information be reviewed with your spouse or significant other? YES or NO If yes, name and phone number?	
<b>MEDICAL RECORDS AND DOCUMENTS:</b> After we receive your in-person or written reque for your medical records or documents, please allow 72 to 96 hours to complete the reque You will not receive the documentation unless you pay the small requisite fee.	
<b>DISABILITY FORMS:</b> All patients requesting completion of disability forms will be charged fee of \$20.00. Please allow 7 to 10 business days for the documents to be completed.	а
<b>OFFICE CANCELLATION AND RESCHEDULING POLICY:</b> Because we understand the time is valuable, we go to significant lengths scheduling the appropriate amount needed to each patient visit. If a patient cancels or fails to shows for an appointment more than 2 times without notifying our office at least 24 hours in advance, then that patient will no longer be part of the practice and will be subsequently discharged.	oı es
SURGERY CANCELLATION OR RESCHEDULING POLICY: If a patient cancels scheduled in-office surgery less than 24 hours before the appointment, or simply fails to sho for the appointment, that patient will be subjected to a \$50.00 fee. Likewise, if a patient cancels a scheduled surgery at a hospital or outpatient surgery center less than 24 houbefore the scheduled date of the procedure, or simply fails to show for the procedure, the patient will be subjected to a \$150 fee.  (NOTE: these may evaluated on a case by case basis, as we understand that issues urgent matters may arise that are outside the patient's control).	eni irs
SIGNATURE DATE	-