

Walk-In Policy

PEDIATRICS	Location: _	Gilbert Office	Chandler Office
			maintain an efficient schedule. ds and wait times appropriately.
Upon arrival to our office <u>v</u> \$75 unless your child is se			rged an additional walk-in fee of
may be asked to return at waiting, if your child's cond	oropriate appoir another time or o dition changes, p	ntment time slot or work day for any non-urgent i olease inform the staff ir	condition. We may then you in as time allows, or you issues. After assessment, while nmediately and your child will be s will vary depending on your
be seen for a full evaluation your child, and you understand	s a scheduled timen by a provider lestand the danger ving, you release	ne is given to return), yo here. This decision may rs and risks of your decise Desert Shores Pediatri	u acknowledge your refusal to result in an adverse outcome for sion to leave prior to a full cs, P.C., and its staff, from all
Maintaining a schedule he	lps us continue t	to provide quality medic	cal care.
Thank you for your unders	tanding as we pa	artner together to provi	de the best care possible.
Medical Concern Today: _			
Today's Date:			

Patient Name: _____ DOB: _____

Parent/Guardian Signature:

Parent/Guardian Printed Name: