

Walk-In Policy

Desert Shores	Location	Gilbert Office	Chandler Offic	20
PEDIATRICS	Location	Olibert Office	Chandler Offic	. C
Desert Shores Pediatrics i By making an appointme				
Upon arrival to our office \$150 unless your child is insurance fails to cover th	seen on an emer			
Your child will be assesse schedule your child an ap may be asked to return at waiting, if your child's correassessed to determine thild's urgency level.	propriate appoir another time or dition changes, p	ntment time slot or wo day for any non-urger olease inform the staff	rk you in as time allows, c t issues. After assessmen immediately and your ch	or you t, while iild will be
By signing this form, if you medical evaluation (unles be seen for a full evaluation your child, and you under medical evaluation. By lea responsibility for any cons	s a scheduled time on by a provider l estand the dange aving, you release	ne is given to return), y here. This decision ma rs and risks of your de e Desert Shores Pedia	ou acknowledge your regy y result in an adverse out cision to leave prior to a f crics, P.C., and its staff, fro	fusal to tcome for full
Maintaining a schedule he	elps us continue t	to provide quality med	lical care.	
Thank you for your under	standing as we p	artner together to pro	vide the best care possib	le.
Medical Concern Today:				
Today's Date:				
Patient Name:			DOB:	

Parent/Guardian Signature:

Parent/Guardian Printed Name: ______rev 1/2025