



CLAIM AUTHORIZATION

I authorize the release of any medical information necessary to process claims for payment. I permit a copy of this authorization to be used in place of the original. I authorize direct payment of benefits to the physician for services rendered, I realize I am responsible for payment of charges not covered by insurance. I certify that the information I have reported with regard to my insurance coverage is correct.

Patient's Signature: _____ Date _____

Spouse's Signature: _____ Date _____

GENERAL CONSENT FOR MEDICAL TREATMENT

I understand that I have the right to make informed decisions about my health care treatment. I understand that Rejenesis Health specializes in Integrative and Preventive Medicine. I further understand that Dr. Kevin Chan is a recognized specialist in this area. I agree to have Dr. Kevin Chan and his providers and staff do tests and treatments they believe are needed for my care, including my annual physical. These may include but not limited to vital signs, ekgs, spirometries, x-rays, scans, expanded lab tests, allergy testing, lifestyle modifications, physical therapies, acupuncture, medications, hormone replacement therapies, as well as nutritional and herbal supplementations. I know other treatments or tests that may have more risks will be explained to me so I can give informed consent for them if I need them.

Patient Name; _____ Date _____

Witness (Optional) _____ Date _____

NARCOTIC AGREEMENT

I, _____ understand that for the purpose of this document, "narcotics" includes but is not limited to Percocet, Vicodin, Hydrocodone, Lortab, Norco, Morphine, OxyContin, OxyCodone, Xanax, Valium, Alprazolam, Clonazepam, Temazepam, Klonopin, Tramadol, Ultram, Dilaudid, Demerol, Fentanyl Patches, Codeine and Tussonex:

I understand that narcotic medications come with serious side effects, including but not limited to: Addiction, increased tolerance, hyperalgesia, constipation, sexual side effects, dizziness, nausea, vomiting, impaired judgment, short-term memory loss and inability to drive or operate machinery. I understand that driving under the influence of narcotics can lead to car accidents and arrest for DUI:

I understand, and agree to the fact, that Rejensis Health is not a pain management clinic and does not prescribe narcotics on an ongoing basis:

It is my job as a patient to schedule myself an appointment with the proper specialist(s) before running out of medications, as this may be the only time I am prescribed narcotics from Rejensis Health:

I understand that narcotics are to be taken exactly as prescribed and only on an as needed basis. I will not take them more frequently than prescribed, nor will I combine them with other medications without expressed consent from the provider or pharmacist:

I understand that the strength, quantity and dosage instructions were written with my safety as the priority:

I understand that Rejensis Health abides by all of the State Board Regulations:

I understand that if a health care provider at Rejensis Health stops or lowers my dose of narcotics, it is done so with my health and safety in mind:

I understand that no refills will ever be written for narcotics. If I need another script written for my narcotics, I will come in for an appointment. At that appointment, I will be evaluated and may or may not receive another script:

I understand that coming in for an appointment does not guarantee a script will be written:

I understand that carrying pills or a script for narcotics is a large responsibility. If anything happens to my script or pills, including but not limited to theft, loss or damage, I will under no circumstances be written a replacement script:

Patient signature and date

Prescriber/Witness signature and date