

Fox River Pediatrics

When it comes to your child's health, we care

54 W Countryside Parkway, Suite A, Yorkville IL 60560,
Ph# 630-553-3400 Fax# 630-553-3405

www.foxriverpediatrics.com

ACKNOWLEDGEMENT OF OFFICE VISIT POLICY

We would like for our patients and their families to read carefully and sign the acknowledgement of the receipt of this form. This pertains to some basic expectations for an office visit. In case of an event such as listed below we will use this form as a reference to avoid an unpleasant situation. We look forward to establishing a very warm professional relationship with our patients and their families. It is important to us.

Please be advised that you are responsible for taking care of your child during the office visit and cannot leave them unattended. We will not take responsibility in case of any harm to the child.

Keep the children from playing with the medical equipment. We have equipped the office to accommodate all pediatric and medical needs to serve you better. In the event of any non-accidental damage to the equipment please be advised that we will bill you for the amount incurred.

The toys/books and electronics in the waiting area are the sole property of Fox River Pediatrics. We want you to enjoy your wait time but also want you to take care of these things and put them back upon departure. We will take care of TV/DVD operations so the children can have a pleasurable wait.

Please take soiled diapers with you. We can provide a bag for disposal. General cleanliness is an important requirement. It prevents the occurrence and spread of infection. If your child is sick or actively vomiting please let us know so we can transfer you to the triage room as soon as possible.

Food and drinks are NOT allowed inside exam rooms.

Please refrain from using talking on your cell phone while in the waiting area and exam rooms. If you need to take a call, please do so in the hallway.

We will not accept any verbally abusive behavior or threat and will report any such behaviors to local law enforcement agencies immediately. Smoking is strictly prohibited once you are inside the office.

Patient Name: _____

Parent Signature: _____ Date: _____