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Maxillofacial and Facial Aesthetic Surgery, Ltd.

Patient Responsibilities

This practice regards the care of patients as a team effort. In order to uphold our commitment to provide our patients with the best possible care, we respectfully request that all patients do their part to fulfill the following patient responsibilities:

- 1. To read all permits and/or consents that he/she signs. If the patient does not understand, it is the patient's responsibility to ask the nurse or practitioner for clarification.*
- 2. To answer all medical questions truthfully to the best of his/her knowledge; providing complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies and sensitivities.*
- 3. To inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.*
- 4. To read carefully and follow the preoperative instructions that his/her practitioner has given.*
- 5. To notify the organization if he/she has not followed the preoperative instructions.*
- 6. To provide transportation as directed to and from the organization appropriate to the medications and and/or anesthetics that he/she will be receiving.*
- 7. To read carefully and to follow the postoperative instructions and treatment plan prescribed that he/she receives from the practitioner or nurses. This includes postoperative appointments.*
- 8. To contact his/her practitioner if he/she has any complications.*
- 9. To assure that all payments for services rendered are on a timely basis and, that ultimately responsibility for all charges is his/hers, regardless of whatever insurance coverage he/she may have.*
- 10. To be respectful of all the health care providers and staff, as well as other patients.*
- 11. To notify the Medical Director if he/she feels that any of his/her Patient's Rights have been violated or if he/she has a significant complaint or a suggestion to improve services or the quality of care. This can be done by filling out our patient satisfaction questionnaire, by direct contact or by telephone/fax/email.*

Patient Signature _____