

Dr. Alan Nili, D.O.
Welcome to our practice!

18 Endeavor, Suite 307
Irvine, CA 92618
Phone: (949) 260-0106
Fax: (949) 260-0105

Office Hours: 8:30 a.m. to 5:00 pm Mon- Fri
Closed for lunch 12:00 pm to 2:00 pm.

*For urgent issues *after hours*, please call our office to be connected to the doctor's paging service. For **emergencies call 911.**

Here are our policies. Please read carefully and keep for reference:

Appointments: Please call as soon as possible when an appointment is needed. Bring your insurance card and current medications to all office visits. Co-payment will be collected before seeing the doctor. We will try our best to accommodate urgent, unforeseen medical problems on the same or following day. **A 24-hour advance notice of cancellation is requested.** **If you do not call to cancel/reschedule, there will be a \$35 fee due before your next visit.**

Initial _____

Test results: Please allow two weeks after you have completed your test for us to receive and review the results. Please call if you have not heard from us within 14 days of your test; we will contact you earlier if there are concerning results. If you would like to discuss your results with the doctor, please schedule an appointment. Otherwise you may leave a message and allow 48 hours for the doctor to get back to you.

Initial _____

Refills: Please call your PHARMACY and they will fax a refill request directly to us. Do not wait until you have run out of medication to request a refill. If you prefer to call our office, call during our regular office hours and allow 48 hours for processing.

Initial _____

Forms: An appointment should be made if you have forms that need to be filled out by the doctor. These include but are not limited to: physical assessments for school/work, medical status forms, disability forms, time off/excuse forms, etc. You will be charged a co-payment (if applicable). For forms without an office visit, there will be a \$25 administrative fee. Allow at least 72 hours for processing. We will contact you when they have been signed.

Initial _____

The doctor will advocate regular health screenings (physical exam, immunizations, colonoscopy, mammogram etc). In addition, he may recommend medication, referral to specialists, additional tests or office visits to appropriately address your medical issues. Please inform him if you do not follow his recommendations. **We reserve the right to discontinue services if you repeatedly fail to follow the doctor's order in treating your medical conditions**

Initial _____

Please ask if you have any concerns or questions. We look forward to becoming your partner in health and will work to provide you with the best medical care possible. Thank you for your cooperation.

Name: _____ **E-mail:** _____

Patient Signature: _____ **Date:** _____

Reviewed by Staff: _____ **Date:** _____