



FORM ACCEPTANCE PROCESS – Patient Acknowledgement

The completion of forms can take up to 8 weeks, given the current immense strain on healthcare and ongoing staffing shortages. Please appreciate that while we are working on administrative duties, we also continue to run the family practice.

You will need to present your form in person to the office and will be required to do the following:

1. Enter all appropriate information and complete patient section if applicable. Please provide any additional information required to complete the form (i.e.: last date worked).
2. Complete a PHIPA consent to allow release of your medical information at the office.
3. Prepayment is required. You will not be credited or refunded if you feel that your form is no longer required; please consider this prior to bringing in any forms for completion.

You will be contacted by the office when your form is completed. Pickups can occur during our regular office hours. Completed forms will not be mailed/faxed/emailed.

Your patience and cooperation are appreciated.

Dr. D. DiValentino and Staff

I, _____, (First Name, Last Name) am aware and accept the process outlined in this document. I acknowledge my responsibility for ensuring the office has all information and documents necessary to complete my form.

Patient Signature _____

Date _____