



PATIENT RESPONSIBILITIES

Patient responsibilities require the patient to:

- Provide complete and accurate information to the best of his/her ability about his/her health and any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities. Provide accurate and complete medical history and treatment information.
- Follow the treatment plan prescribed by his/her provider.
- Provide a responsible adult to transport him/her home from IOS and remain with him/her for 24 hours, as required by his/her doctor and/or the IOS staff.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance, and assure all payments for services rendered are on a timely basis.
- Be respectful of all the health care providers and staff, as well as other patients.
- Participate in his/her healthcare decisions.
- Read and understand all permits and/or consents before signing.
- Carefully read and follow the pre- and post-operative instructions, and keep appointments.
- Communicate any post-operative complication(s), or worsening condition with the physician.
- For minor patients, the responsible parent, legal guardian or person must remain at IOS. If the responsible person is not the parent or legal guardian, IOS requires the parent's / legal guardian's written permission, contact information, and a copy of their photo ID.
- Notify either the IOS Administrator or Supervisor if he/she feels any Patient Rights have been violated; or has a complaint or suggestion to improve services or care. The IOS patient satisfaction survey may be completed or direct or telephone contact may be made.

I HAVE READ AND UNDERSTAND THE ABOVE.

Patient Signature _____ Date _____ Time _____

Witness Signature _____ Date _____ Time _____

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PATIENT IDENTIFICATION