

Ali Rafatjoo, M.D.
Lori Izabal, M.D.
Kimiko Snider, M.D.
360 San Miguel Dr. Ste 206
Newport Beach, CA 92660
[Patient Partnership Plan](#)

Dear Patient,

Welcome to our practice. We intend to provide you with the care and service that you expect and deserve. Achieving your best possible health requires a “Partnership” between you and your doctor. As our “partner in health”, we ask you to help us in the following way:

- **Schedule visits with my doctor for routine physical exams and other recommended health screenings**

I understand that my doctor will explain to me which regular health screenings are appropriate for my age, gender, and personal and family history. I understand I will need to complete these recommended health screenings are tests that can help detect life-threatening diseases and conditions. If I visit my doctor only for treatment of immediate problems and forget to arrange for regular health screenings I put myself at risk of letting serious health problems go undetected. I will schedule regular visits with my doctor to complete my physical exam and to discuss these health screenings.

- **Keep follow-up appointments and reschedule missed appointments**

I understand that my doctor will want to know how my condition progresses after I leave the office. Returning to my doctor on time gives him or her chance to check my condition and my response to treatment. During a follow-up appointment, my doctor might order tests, refer me to a specialist, prescribe medication, or even discover and treat a serious condition. I will make every effort to reschedule missed appointments as soon as possible.

- **Call the office when I do not hear results of labs and other tests**

I understand that my physician’s goal is to report my lab and test results to me as soon as possible. However, if I do not hear from my physician’s office within the specified, I will call the office for my results.

- **Inform my doctor if I decide not to follow his or her recommended treatment plan**

I understand that after examining me, my doctor may make certain recommendations based on what he or she feels is best for my health. This might include prescribing medication, referring me to a specialist, ordering labs and tests, or even asking me to return to the office within a certain period of time. I understand that not following my treatment plan can have a negative effect on my health. I will let my doctor know whenever I decide not to follow his or her recommendations so that he or she may fully inform me of any risks associated with my decision to delay or refuse treatment.

Thank you for your partnership. As our patient you have the right to be informed about your health care. We invite you at any time to ask questions, report symptoms, or discuss any concerns you may have. If you need more information about your health or condition, please feel free to ask.

Signature: _____

Date: _____