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Primary Care Policy

Our office is **not** a Primary Care Facility. We do **not** provide primary care or urgent care services. We require our patients to establish themselves with a Primary Care Physician and for you to provide our office with this information. Our staff does not have hospital privileges and we are unable to treat patients at any other facility. We do **not** provide urgent or acute, immediate care at our office. We do **not** have practitioners on call for emergencies. If any of our patients are experiencing an emergency medical situation, they are advised to contact 911 or their Primary Care Provider immediately.

Please provide us with the contact information for your Primary Care Provider:

Provider Name: _____ Phone # _____

Provider Address: _____ City, State, Zip: _____

_____ I do not have a Primary Care Provider and I am aware that this office will not be responsible for my primary care. I am also aware that Dr. Brocchini strongly encourages me to have a primary care provider.

Signature: _____ Date: _____

Would you like us to contact your Primary Care Provider for a copy of your records:

Yes _____ No _____

If yes, please fill out a Records Release form.

Would you like for us to contact your Primary Care Provider to inform him/her of your care and treatments at this office?

Yes _____ No _____

If yes, I give my consent for the staff and practitioner at this office to provide information about my medical situation and treatments to my Primary Care Provider.

Signature: _____ Date: _____

