

Late Arrivals and Walk-ins We see patients by appointment only. To avoid unfair delays to our scheduled patients, walk-ins will be offered the next available appointment time in our schedule. Late arrivals may be asked to reschedule for another available time or day when necessary. Please notify our office at least 15 minutes prior to your appointment time if you will be late.

Cancellations and Missed Appointments Appointments that are missed or cancelled with less than 24 hours' notice will incur a missed appointment fee, which will be billed directly to the parent. A family with 4 missed appointments will be dismissed from our practice.

Sibling Appointments We reserve time for each scheduled child individually. If you have more than one child scheduled for an appointment on the same day/time, we require a cancellation at least 24 hours in advance if one of your children can no longer keep their appointment. To avoid delays for other families, we are unable to "squeeze in" a sibling of a scheduled child. Please notify us in advance if you need to schedule an appointment for an additional child.

Food Policies Food and drinks are not permitted in our office except for water and infant formula.

Photo Policy To comply with HIPAA laws and to respect the privacy of our staff and other patients, please do not take pictures or video recordings without permission.

Health Forms A physical exam within the last year is required before any health forms or orders will be provided. Health forms such as school physicals, medication forms and PT/OT orders will be provided free of charge. Other letters and forms including, but not limited to, FMLA forms, will be subject to a \$25 fee and require 2 weeks for completion.

Prescriptions We do not prescribe medication over the phone. If you feel your child may need medication, please call our office to schedule an appointment. Refills are given during office hours only. If your child takes a daily medication or asthma controllers, please request refills at least 5 days before their last dose, or when you pick up their last refill on file.

Transfers Once a patient has transferred out of Palatine Pediatrics, we will no longer be available to provide care for them. This includes scheduling appointments, filling out forms and refilling prescriptions. A signed authorization is required to obtain medical records and fees may apply.

Age Limits We see children until the age of 18 or when they have graduated from high school. Female patients who become pregnant prior to 18 years old and males who will be fathers prior to 18 years old will be referred to an internal medicine practice to best meet their needs.

Account Balances All children within the same family share a "family account." If there is an outstanding balance on a child's account, payment is due before any child within a family will be seen unless payment arrangements have been made with our office. This includes but is not limited to balances for office visits, well check-ups, and missed appointment fees. All fees and balances on an account must be paid in full before medical records can be copied or transferred.

Parental Consent:

I have read, understand, and agree to comply with Palatine Pediatrics' Office Policies.

Printed Name of Parent/Guardian: _____

Signature: _____ Date: _____



Vaccinations are one of the most important services we provide to our patients. Refusing to vaccinate leaves not only your child at risk, but others in the community who are too young to be vaccinated or medically unable to be vaccinated at risk. It is for these reasons that we follow the schedule recommended by the American Academy of Pediatrics (AAP) and the Centers for Disease Control (CDC). We recognize that the choice to vaccinate may be a very difficult one for some parents. We are here to answer any questions or concerns you may have. However, if you ultimately decide that you do not wish to follow this schedule for your child, we will have to ask you to find another provider.

Please be aware that we do NOT delay vaccines, split vaccines up to give only 1 at a time, or leave certain vaccines out.

Vaccine Schedule

Newborn	Hepatitis B #1
1 month	Hepatitis B #2
2 months	Pentacel #1 (DTaP, Hib, Polio), Pneumococcal #1, Rotavirus #1
4 months	Pentacel #2 (DTaP, Hib, Polio), Pneumococcal #2, Rotavirus #2
6 months	Pentacel #3 (DTaP, Hib, Polio), Pneumococcal #3, Rotavirus #3
9 months	Hepatitis B #3, Hemoglobin, Lead
12 months	MMR #1, Pneumococcal #4
15 months	VAR #1, Hepatitis A #1
18 months	DTaP #4, Hib #4, Hemoglobin, Lead
2 years	Hepatitis A #2, Hemoglobin (yearly)
2½ years	Hemoglobin
3 years	Hearing screening (yearly), Lead
4 years	Polio #4, MMR #2
5 years	DTaP #5, Varicella #2, Lead
11 years	Tdap, Meningitis #1
12 years	HPV series (optional but strongly recommended)
16 years	Meningitis #2

Schedule is subject to change based on recommendations by the AAP, CDC or government regulations

Parental Consent:

I have received the Vaccine Information Statements for the vaccines listed above. I have had the opportunity to discuss any questions or concerns I may have. I understand the risks and benefits of these vaccines and wish to have my child(ren) vaccinated according to Palatine Pediatrics' schedule. I understand that if at any time I should wish to follow an alternative schedule for my child(ren) I will be asked to seek medical care from another physician.

Printed Name of Parent/Guardian: _____

Parent/Guardian's Signature: _____ Date: _____