



Thank you for choosing Dailey Pediatrics and Family Medicine. We are thankful you trust us to provide exceptional medical care and treatment. In order to ensure that we meet your expectations, please review the following information about our policies, procedures, and services.

We are open Monday thru Friday 8-5 with lunch being 12-1. We also are open on Saturdays 9-12, with time subject to change. Please stay up to date with changes on our Social Media Platform on Facebook.

In addition to office visits, we also offer telehealth visits if the concern/complaint can be managed via telehealth. If it is after hours, you may leave a message and if we are able to return your call after business hours, we will, and provide telehealth if possible.

We ask that you bring medications or an updated medication list to each visit at our office in order for our office to ensure the most up to date medications are in your chart. If not provided, or if something was left out due to the patient not informing staff, and potential interactions from medications prescribed at office visit/telehealth visit, Dailey Pediatrics and Family Medicine will not be held liable, due to incorrect or lack of information requested from the patient.

When calling for a refill for a medication, please call our office and leave a message for the nurse. Refills, if able to be refilled, can take up to 48 hours from the business day received to be refilled.

Messages left for the nurse are returned on the same business day if left prior to 4:30 pm. Any messages left after this time will be returned on the next business day.

We do offer in house laboratory services for our patients only related to acute care. However, if routine lab work is needed, we will draw the labs at our office and send to the lab and provide results upon your follow up appointment. If you prefer a telemedicine visit to discuss lab work, please make that known at your office visit so we can get you put on the telemedicine schedule.

I have read and have been fully explained and understand the above stated policies.

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Signature

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Date

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Printed Name

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Witness/Date