

**PROVIDENCE SERVICE, LLC**  
**615-668-4485**  
**480-815-2527**  
**3707 e Southern Ave, Mesa AZ 85206**

**Courteous Care**

Providence Service staff strives to give quality and courteous care.

We ask that you please remember every patient is a priority and we do our best to adhere to scheduled appointment times BUT emergencies do arise, and your patience is greatly appreciated during these times. We will do all we can to meet your expectations. Please remember that no ABUSIVE LANGUAGE, RUDE or INNAPROPRIATE BEHAVIOR during your visit or virtually visit; we asked all patients to be respectful to staff as we strive to provide quality care to you..

With my signature, I acknowledge that I have read the above information, or it has been read to me. I acknowledge that I have received answers to my questions I may have had and that I understand the content of the information above and agree to abide by its terms during our professional relationship. Your signature also indicates that you consent to treatment for yourself and/or your child (children).

Signature of Patient or Parent/ Guardian \_\_\_\_\_

Signature of Spouse or Other Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_