I consent to any current and future telehealth appointments in lieu of my initial office visit and subsequent visits. I am aware that the physician preference is in person visit, but I am initiating the tele visit at my request and I have been able to ask questions about telehealth.

I am aware that the physician will contact me from their physical office location in Glen Burnie or Elkridge (Distant site) and that I will be at my home at the time of the telehealth visit (Originating site).

I hereby consent to Dr. Khandelwal or Dr. Solaiman contacting me from the Glen Burnie or Elkridge office for my telehealth visit. This communication may occur through various platforms, including FaceTime, Google Meet, Zoom, or Doxy.

I am aware that the physician will invoice the insurance company for services, and I will be responsible for any balances that the insurance does not cover.

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 Patient Name Date of Birth ID

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