

Buckhead Injury Wellness Institute

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PRIOR MEDICAL INFORMATION ACKNOWLEDGEMENT

I, _____, acknowledge that I have given The Injury Wellness Institute all my medical information to include all Pharmacies, Doctors, Radiology, and Emergency Room visits prior to arriving to my appointment today. I understand that should the Doctors find an absence of information, I may be asked to return to the lobby until this important information has been received. Although we cannot make a patient stay until this additional information is received, we reserve the right to reschedule the patient at a charge of \$200.00 (Two Hundred Dollars) while our processing department collects this additional information. Upon receipt of this information, The Injury Wellness Institute, Doctors MAY or MAY NOT reschedule the patient for a return visit, depending on the information received. I understand that NO refunds will be given.

Patient Signature

Date