**J-Von Medical Centre**

Walk-in Registration Form

Name: jvon\_2

Care Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: jvon\_4

Date of Birth: Email: jvon\_5

Address: jvon\_6 Postal Code: jvon\_7

Family Doctor: jvon\_8 Family Doctor Phone: jvon\_9

(Write none if you don't have one)

Family Doctor Fax: jvon\_\_10 Emergency Contact: jvon\_\_11 jvon\_\_12

**Clinic Policy:**

1. We do not accept walk-in ICBC related cases.
2. Please note that we do not prescribe narcotics or benzodiazepines.
3. We cannot provide prescription renewals over the phone or via fax.
4. By signing, you are giving us consent to access your recent prescription records on Pharmanet.
5. Some services are not covered by the provincial Medical Services Plan. Please ask the staff or doctors for the cost. Services include sick notes, forms, transfer of records, photocopying, shots and etc.
6. We have a **24 hour cancellation policy** for booked appointments. Missed appointments and late cancellations are subjected to a $60 fee.
7. Please ensure that your file is kept up to date with a current phone number, email, address, and emergency contact information.
8. Tests ordered will be copied to your family doctor (when applicable).
9. We do not give out test results over the phone.
10. Our doctor and staff will not tolerate any rude or aggressive behavior. Including but not limited to verbal abuse, violence, threats, harassment and damaging the property. You will be ask to leave the property and may not be able to return.

Signature: jvon\_\_13 Date: jvon\_\_14