

Tele-Health Appointment Form

This form contains all the information the patient is required to provide Dr. Birdsong before each Tele-Health appointment (as specified in the Content to Tele-Health form).

You will hold this form up to the camera at the beginning of your appointment.

	Please complete
Date of appointment	
Time of appointment	
Patient location - for emergency purposes (must be in North Carolina). Include street address and city/state.	
Emergency contact information or a patient support person Include name and phone number.	
Are there any other persons in the room with you? If so, please list their name and relationship to you.	

I also certify that the information above is accurate and that I have previously read, understood, and signed Consent to Tele-Health form (prior to my first Tele-Health appointment).

Printed name

Date

Signature