



## George Foundation for Sight Restoration (GFSR) Patient Compliance Form

I, \_\_\_\_\_ (print name), understand if accepted for Foundation assistance, I must comply with the following terms or can be terminated from the program:

1. **Show up on time.** Physicians donate their time and services for your treatment. Please be respectful of their schedule as they also have a private practice with other scheduled appointments.

Patient Initials: \_\_\_\_\_

2. **Avoid cancellations.** If you are unable to attend your appointment for whatever reason, you must contact your physician's office to reschedule a minimum of 24 hours in advance.

Patient Initials: \_\_\_\_\_

3. **Follow your physician's orders.** You must follow your physician's orders through the entirety of your foundation status, including attending all appointments deemed medically necessary and follow through with all treatment plans.

Patient Initials: \_\_\_\_\_

Please note that the physicians of GFSR and other local medical professionals are **donating** their surgical services and office visits to you. The GFSR pays for hospital and surgical facility fees and other ancillary expenses on your behalf.

I have read, understand, and agree to comply with this policy. I understand if I fail to comply with the above-mentioned policies, my foundation status can be terminated.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Printed**

**Name:** \_\_\_\_\_

If you have any questions, please feel free to contact the Foundation office at (904) 403-4091.