

M A G N O L I A

- O B / G Y N -

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Patient Responsibility

To ensure that your care is optimized, we ask that you as the patient work collaboratively with your physician or nurse practitioner in developing and carrying out agreed upon treatment plans.

Prior to leaving your appointment, please review the following:

- **What prescriptions are being sent to your pharmacy and why are you taking the medication(s)?**
- **What labs and imagining studies are being ordered and why?**
 - **For your convenience, we have a LabCorp phlebotomist drawing blood daily in our Carolina Forest office (Monday-Friday).**
 - **If you are going to another lab, you will need to take your lab order with you and ensure that the results are sent back to our office for review.**
 - **All imaging studies will need to be scheduled by the patient once the order has been placed.**
- **If any referrals are sent, where are they being sent to and why?**
 - **If we are sending a referral from our office to another facility, it is the patient's responsibility to follow up with that office to schedule an appointment.**

To view any lab and/or imaging orders, please login to your patient portal and if you have not received results after 14 days, please contact your health care provider to ensure they have been received. You can view results via our portal, LabCorp portal, or HCA portal. After receiving your results, if you have questions or would like to discuss your results with your provider, please be sure to schedule a follow-up appointment with our office. You can call the office to set this appointment up, however, please allow up to 72 hours for a returned call.

All our patients are important to us! We want to provide you with the necessary resources to empower you as a patient. Providing comprehensive, up to date health care is complex, especially when involving multiple entities. We strive for perfection so please help us by engaging and taking responsibility for your health care.

*****It is the patient's responsibility to know and understand insurance benefits for services provided by Magnolia OB/GYN and other ancillary services and/or tests.**

Patient Name: _____

Patient Signature: _____ Date: _____