



Pacific Cancer Care

Advanced Treatment. Personalized Care.

Patient RX Disclosure:

To better meet our patients' needs, we can now dispense many of the prescriptions as prescribed by our physicians. We will bill your pharmacy insurance and charge the applicable co-pay. Please understand that you are not obligated to have prescriptions filled here and you have the option of receiving your medications from the pharmacy of your choice. We would be happy to facilitate this for you.

Lab Disclosure:

We will process your labs in the PCC lab whenever possible. Some tests may need to be sent out. Please notify our Laboratory personnel if your lab tests need to go to a specific laboratory that's covered under your insurance plan. Also, if there are any changes with your insurance plan, please let the phlebotomist know so they'll send it to the correct laboratory.

Please send my lab tests to: PCC CHOMP QUEST LAB. LAB CORP. OTHER
please specify: _____.

Please sign on the line below indicating you understand this policy.

Patient's Name: _____

Patient's Signature _____ Date: _____

Notice to Consumers:

Medical Doctors are licensed and regulated by

The Medical Board of California

(800) 633-2333

www.mbc.ca.gov

I understand that my physician is licensed and regulated by the Medical Board of California.

Patient's Signature

Date