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**PRINCETON PRIMARY & URGENT CARE CENTER**

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707 Alexander Rd, Ste 201, Princeton, NJ 08540  
Tel (609) 919-0009 Fax (609) 919-0008

**PATIENT'S RESPONSIBILITY FOR FOLLOW-UP CARE PLEDGE**

I, \_\_\_\_\_, \_\_\_\_\_,  
*(Print Last Name)* *(Print First Name)*

hereby acknowledge and understand that, even with the best training, skill and experience, a medically-trained professional is not always capable of solving my medical problems. Therefore:

- I understand that it is important that any and all recommendations given by the doctors are followed completely in order to increase the likelihood of a positive and healthy treatment/outcome;
- I acknowledge and understand that if any physician in this office prescribes medications for me, the correct taking of these medications shall be my sole responsibility (or my guardian who has attended in the consultation). I further agree to properly follow the prescribed dosage and frequency amounts of these medications as recommended by my doctor. Also, it is my responsibility to call the doctor to renew my medications before I run out;
- I understand that if a doctor in this office refers me to see another doctor/specialist or to receive another test (not limited to a blood test, an MRI or CT scan), this timely recommendation is important and essential to the ultimate success of my treatment/outcome. It is my responsibility to schedule these tests as soon as possible;
- I recognize that it is not possible for any person in this office to constantly follow-up to ensure that I followed the recommendations. I understand that if I fail to see that specialist or obtain the test for which I was referred to immediately, this can risk my current health or increase future health risks;
- I understand that it is solely my responsibility to follow the medical advice given by any medical personnel in this office and a bad health outcome may occur from my failure to follow the advice of my doctors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_