

CC Medical Services P.C.
Dr. Christopher Calapai
1101 Stewart Ave, Suite 201
Garden City, N.Y. 11530
(516) 794-0404 Fax: (516) 794-0332

Tele- Medicine Agreement

* I _____, understand in this time of crisis that Dr. Calapai is making consultations available by phone. In many circumstances, as with regular in- office visits, I can receive prescriptions for blood testing to a lab of my choice or possibly have a lab technician from a lab, come to my home for blood draw. I understand that along with my Insurance card and Driver's License, Dr. Calapai also requires results of prior blood testing and physical exam from my primary doctor. I will continue to see my primary doctor. I understand that copies of bloodwork completed with Dr. Calapai will always be available to me and my primary doctor. In this package I will complete registration form and include the necessary documentation that has been stated above. Payment for the visit, is paid prior to, or at time of visit. Results of all testing will be discussed at time of second visit- either over phone or In- office. Typically, the second or subsequent visit should be done in office.

* _____
(Signature)

* _____
(Date)

Tele Medicine Check- List

- Driver's License (photo-copy)
- Insurance Card (photo-copy)
- Prior Bloodwork
- PCP Examinations
- Registration Form