



## Acknowledgement of Physician-Supervised Consultation.

I, \_\_\_\_\_, hereby request a Physician-Supervised consultation.

I understand this consultation is not the same as direct physician consultation.

At anytime, I have the option to switch from Physician-Supervised consultation to direct physician consultation.

As part of this request, I have reviewed the information related to Physician-Supervised consultation on LA INTEGRATIVE GASTROENTEROLOGY website.

**IMPORTANT:** Anytime during course of evaluation or management, if we determine that the complexity of your illness requires a direct physician consult, we will make this recommendation to switch care. If you decide not to proceed with this recommendation, we may have to cease care.

In case Physician-Supervised consultation is not available, you may continue your care with Dr. Rahbar. Standard follow up fees will apply.

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

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