Office Policies Signature

I have read and agree to the policies and procedures outlined above.

Colorado State University
Health Services

Signature

Date

BRICK OAK HOME HEALTH CARE

For use only.

If no access to a printer is available, please sign below.

Colorado State University
Health Services

Signature

Date

By checking the appropriate box, sign the attached policies and procedures.

☐ Refuse to sign

☐ Contact the Physician

☐ Medical necessity

☐ Other: ___________________________

☐ Attending physician

☐ Nurse

☐ Other: ___________________________

☐ By fax

☐ By mail

☐ In person

☐ By phone

☐ By email

☐ Other: ___________________________