



ACKNOWLEDGMENT
NON-PRIMARY CARE SERVICES

Consultation Package (FMC)	\$1175	*
Recode/Bredesen	\$1500	*

*Appt Cancellation Fees 90 min (\$100) 45-60 (\$75) 15-45 (\$50)

The undersigned specifically acknowledges that I participate in one of the aforementioned consultation package offerings through Robinson MD and Dr. Stacey J. Robinson. I also acknowledge that Dr. Stacey J. Robinson is not considered to be my primary care physician (PCP).

Please provide the following information for our records. Name, address, and phone number of your primary care physician and/or urgent care center.

PCP name: _____

PCP address: _____

PCP phone: _____

Urgent care name: _____

Urgent care address: _____

Urgent care phone: _____

Signature: _____ **Date:** _____

Print Name: _____