



River City

PATIENT INFORMATION

Oral & Maxillofacial Surgery

Today's Date: _____

Title: Mr. Mrs. Ms. Dr. Other: _____ Date of Birth: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Primary Phone Number: _____ mobile home work

Alternate Phone Number: _____ mobile home work

Occupation: _____ Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Unencrypted email is usually easier to open but more vulnerable to hackers. The emails you send and receive everyday are probably all unencrypted. Will you allow us to send unencrypted private medical & billing information to this email address? yes no You may notify us of a change at any time.

General Dentist: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Who referred you or how did you find us? _____

HIPAA privacy law allows River City Oral & Maxillofacial Surgery (RCOMS), Dr. Mark Haverkorn, and RCOMS employees to discuss your case with family and friends involved in your care whether or not there is an emergency. For example, we are allowed to discuss post-operative care with your escort unless you instruct us not to. For more information please review our Notice of Privacy Practices.

Emergencies

In the event of a medical emergency in which you are incapacitated, Texas law ([Texas Health and Safety Code, Chapter 166](#)) instructs us, River City Oral & Maxillofacial Surgery (RCOMS) and Dr. Mark Haverkorn, to make medical decisions based first on any directive you may have. Directive means a Texas Advance Directive, a Texas Medical Power of Attorney (a regular Power of Attorney is different and does not apply to medical), or an Out-of-Hospital DNR Order.

If no directive exists, Dr. Mark Haverkorn will make medical decisions with one person from the following categories in the following order of priority:

- | | |
|------------------------------|---|
| 1) legal guardian, | 4) one of your parents, |
| 2) legal adult spouse, | 5) your nearest living relative, or |
| 3) an available adult child, | 6) another physician not involved in your care. |

Do you, the patient, have a designated Medical Power of Attorney, Advance Directive, Out-of-Hospital DNR Order, or Legal Guardian over you? yes no

If so, please provide us a copy of the paperwork.

If not, you may complete a Texas Medical Power of Attorney, a Texas Advanced Directive, or a Texas Out-of-Hospital DNR prior to surgery and provide a copy to us. The forms are available on the internet and instructions and/or samples are written into the [Texas Health and Safety Code, Chapter 166](#). You do not have to have a lawyer to write or complete these forms. The forms do require witnesses or notarization. An Out-of-Hospital DNR requires the signature of your attending (main or primary care) physician.

Please provide information for your legal guardian, medical power of attorney, spouse, adult child, parent, or nearest living relative in that order of priority.

Name: _____

Relationship to Patient: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is there anyone we may NOT contact regarding your case (spouse, child, parent, etc.)?

Signature of person completing this form:

Print name and relationship to the patient if you are not the patient:
