

Orchid Pediatrics, Inc. 4850 SW Scholls Ferry Rd, Suite 301 Portland, OR - 97225-1669

Orchid Pediatrics - Office Policies

Patient Name: *	
Date of Birth: *	

The following office policies are in place to ensure smooth and consistent care:

1. Appointment Policies

- New patient office visits are 60 minutes unless otherwise arranged.
- Patients are required to complete health history paperwork before their first visit.
- Patients must arrive at least 10 minutes early with a valid ID and guardianship documentation (if applicable).

2. Referrals

- A physician evaluation and diagnosis are required before Orchid Pediatrics can provide a referral.

3. Office Etiquette

- Orchid Pediatrics is a fragrance-free office. Please avoid perfumes, scented lotions, and other fragrances.

After Hours & Emergencies

- Orchid Pediatrics provides care during regular business hours only.
- For urgent needs outside of office hours, contact your primary care provider, go to the emergency department, or call 911.

5. Medication Refills

- Medication refill requests must be submitted at least 7 days before medications run out.
- Pharmacies should submit refill requests directly to our office to ensure timely processing.

Coordination of Care

- Patients must disclose all other providers prescribing psychotropic medications.
- A signed Release of Information (ROI) must be provided to allow coordination of care.

Acknowledgment:

I have read and understand the Orchid Pediatrics Office Policies. I agree to comply with these policies as a patient (or guardian.)



Orchid Pediatrics, Inc. 4850 SW Scholls Ferry Rd, Suite 301 Portland, OR - 97225-1669

PATIENT / GUARDIAN SIGNATURE *	
Date: *	
Printed Name: *	
Relationship (if applicable): *	