

Orthopedics Workman's Compensation Patient/Physician Agreement

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1100 E. Michigan Ave., Suite 308
Jackson, MI 49201
517-841-1431

- ❖ Please present all forms that need to be completed to the front desk, not the physician. This enables us to completely them in a timely and orderly fashion.
- ❖ Please notify the front desk if a visit is un-related to your workman's compensation injury. These visits require different authorization prior to being seen.
- ❖ If you are seeing the physician for the first time or a second opinion, we must have the notes and all studies (x-rays, EMG, MRI, etc...) from the previous physician prior to your appointment or we will have to reschedule. Without this necessary documentation we will not be able to provide a complete and thorough evaluation.
- ❖ You will be notified by phone regarding your surgical date and time as soon as it is scheduled. Please make sure you talk to a nurse in this office regarding the details of your surgery.
- ❖ Patients will not be taken off work pre-operatively. Restrictions appropriate to the injury will be recommended and in those cases it will be up to the employer to accommodate such restrictions.
- ❖ If your employer can not accommodate restrictions your employer may take you off work, but the physician will not do so.
- ❖ All patients undergoing routine day surgery (i.e. carpal tunnel, trigger finger) will typically be returned to light duty capacity 2 weeks after surgery and to full duty 6 weeks after surgery.
- ❖ **Medication Information:**
 - Please remember the office needs 24 to 48 hours to have medication refills approved by a physician and called into a pharmacy, so plan accordingly.
 - Medications will not be called in for refill after normal business hours, weekends or holidays.
 - We will not replace lost or stolen medications.
 - Narcotic pain medications will not be given out prior to surgery and will only be continued for 6 weeks post operatively, at that time non-narcotic pain medications will be utilized. Exceptions may be made in the case of traumatic injuries.

I acknowledge I have read, understand and agree to abide by this agreement.

_____ Date _____