

NORTHWEST RHEUMATOLOGY, PLLC

DR. ULKER TOK, M.D.

Today's Date: _____

Patients Name: _____

Patients Date of Birth: _____

This is a notification for all Rheumatology patients to clarify that Dr. Ulker Tok will not complete or sign any paperwork that you may have from DES, Disability, Lawyers, Workmens Compensation or other paperwork that would involve court hearings or litigation unless the doctor specifically recommends that you go on or apply for disability. You will be able to be seen by Dr. Tok for your rheumatological needs today and in the future as long as you understand these conditions.

Please complete the following:

I, _____ understand the above conditions and agree to them.

Patient/Responsible Party Signature

Date

Witness Signature

Date