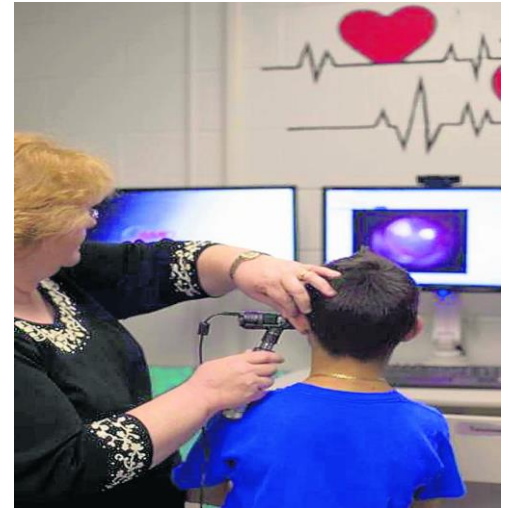


TELEHEALTH PROGRAM PACKET



EOMC
Eastern Oklahoma
Medical Center



Please **complete packet to participate** in the Poteau Public School System and EOMC telehealth program.

Attached Forms:

To get started right away please complete all forms and return the information with your school enrollment packet.

- Telehealth informed consent
- Telehealth Patient information form
- Insurance Information Sheet
- Please provide copy of Insurance, Soonercare card and/or CDIB card (if applicable)
- Patient rights and responsibilities (yours to keep)

Child's Name: _____

Date of Birth: _____

Primary Care Provider:

Please List your Primary Care Provider and phone number

Provider: _____

Phone: _____

A phone call will be placed **before** every virtual visit by the school nurse to inform you of your child's complaints and obtain verbal consent from you prior to initiating a tele-health visit.