

**Annapolis Integrative Medicine**  
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Dear Patient:

After your initial consultation you may have questions and concerns that need to be addressed prior to your scheduled follow up appointment. For this reason, Dr. Weiss has made his email address available to patients. Please be aware, that a few questions between appointments is to be expected and will be addressed at no charge. However, emails requiring a lengthy answer or research will incur a charge of \$60.00 for every 15 minute increment.

I accept the above policies and I authorize Dr. Weiss to bill my credit card for time spent on my case (as above). He will obtain my pre-approval of any non-office visit/telephone time spent exceeding one hour per month.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_