

Mr. / Mrs. _____

Has An Appointment With:

Dr: _____

Address: _____

Phone #: _____

On _____ at _____ a.m. / p.m.

*If you need to change the appointment or are unable to keep this appointment,
please call the Doctor's office and reschedule.*

NOTICE TO ALL MANAGED CARE PATIENTS:

Your referral for specialty care will be reviewed by a clinical review specialist. At this time your referral will be approved or denied. If your referral has not been approved you will be notified.

M-34382 (8/98)

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