
Your return appointment should be scheduled with:

KATHY COLEMAN, MA, SST

Your follow-up appointment should be scheduled in:

- 1 wk 2 wks
 3 wks 4 wks

Your next appointment is on:

date _____

at _____ am
_____ pm



BAY PSYCHIATRIC ASSOCIATES

690 South Trumbull
Bay City, Michigan 48708
tel (989) 922 4900

Co-pays and deductibles are due at the time of service.

M-13106 (5.14)

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