

Mr. / Mrs. _____

You Have An Appointment With:

Dr: _____ Reason _____

Address _____

Phone #: _____

On _____ @ _____:_____ a.m. / p.m.

****If you cannot make this appointment, please call this Doctor's number above immediately**

**** Please arrive ___15 ___30 minutes early!**

**** Take with you: Drivers License, Insurance Cards & Medication List**

****If you have any X-Ray, MRI or CAT Scan Films pertaining to this appointment, please obtain those from where they were done and take with you to this appointment.
(We will send your p[aper reports for you)**

**** If you are going to see an Allergist you must STOP all anti histamines & allergy medications 2 weeks prior to this appointment.**

MM-366 (3.17)

Mr. / Mrs. _____

You Have An Appointment With:

Dr: _____ Reason _____

Address _____

Phone #: _____

On _____ @ _____:_____ a.m. / p.m.

****If you cannot make this appointment, please call this Doctor's number above immediately**

**** Please arrive ___15 ___30 minutes early!**

**** Take with you: Drivers License, Insurance Cards & Medication List**

****If you have any X-Ray, MRI or CAT Scan Films pertaining to this appointment, please obtain those from where they were done and take with you to this appointment.
(We will send your p[aper reports for you)**

**** If you are going to see an Allergist you must STOP all anti histamines & allergy medications 2 weeks prior to this appointment.**

MM-366 (3.17)