



FLINT

INTERNAL MEDICINE FACULTY AND
RESIDENCY GROUP PRACTICE

Appointment Confirmation

Mr. / Mrs. / Ms: _____

was seen/treated in our office today: _____

Physician: _____

BeechHill Centre, 3230 Beecher Rd., Ste. 2, Flint, MI 48532

Phone: (810) 342-5800

White Copy: Patient

Yellow Copy: Medical Records

M-3367 (2/17)