

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 ____ min early!
 - Take with you – Drivers Lic, Insurance Cards & Medication List
- If you have any **X-RAY, MRI** or **CAT SCAN FILMS** pertaining to this appt,p/ease obtain those from where they were done & take with you to this appointment.
(We will send your paper reports (or you))
- If you are going to see an **Allergist** you must **STOP** all antihistamines & allergy medications
2 weeks prior to this