|] | Has An Appointment With: | |
|--|--|-------------------------|
| Dr: | | |
| Address: | | |
| | | |
| Phone #: | | |
| On | at | a.m. / p.n |
| | e appointment or are unable to keep this all the Doctor's office and reschedule. | s appointment, |
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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.