



Medical Oncology Department
4100 Beecher Road, Suite B, Flint, MI 48532 • (810) 235-8568

Today's Date _____

Patient _____

To Whom It may Concern:

This is to confirm that the above mentioned patient was seen in our office today for follow-up care and/or treatment.

Your cooperation in the matter is greatly appreciated.

Sincerely,

T. Trevor Signh, M.D., F.A.C.P.
Mada Arora, M.D.
David Eilender, M.D.
Sandeep Grewal, M.D.