Your return appointment should be scheduled with:

**RACHAEL McKINNON, LMSW**

**Your follow-up appointment should be scheduled in:**

- ☐ 1 wk
- ☐ 2 wks
- ☐ 3 wks
- ☐ 4 wks

**Your next appointment is on:**

**date** _____

**at** _____ am pm

McLaren

BAY PSYCHIATRIC ASSOCIATES

690 South Trumbull
Bay City, Michigan 48708

tel (989) 922 4900

Co-pays and deductibles are due at the time of service.

M-13114 (11.14)

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