

[Practice Contact Information]

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Welcome to {Name of Practice}. Thank you for choosing us. We look forward to providing you quality, patient focused healthcare services.

In an effort to serve you better, we have assembled helpful information about our practice, including information on our office hours, practice locations, and our policies regarding appointments, prescription refills, billing and insurance as well as phone calls.

Please review these materials carefully and contact our office at [practice phone number] should you have any questions.

[Office Hours and locations]

[Practice Policies]

[Practice Financial Policy]

We also ask that you download the following forms and bring them with you at the time of your visit. If you prefer, you may also fax or mail them beforehand to:

[Practice Address]

[Practice Fax]

The following forms are all in Adobe format. You must have Adobe Reader to open and view these documents. You may download Adobe Reader for free at www.adobe.com.

[Patient Registration Form]

[Patient History Form]

At anytime, please feel free to browse our web site at [web site address] for additional information about our practice.

Thank you,

[The Staff at Practice]