

Main Line Gastroenterology Associates, P.C.

Dear Patient:

Thank you for calling our office to schedule an appointment for a gastroenterologic evaluation. We look forward to seeing you on _____, 2009 at _____ am/pm. Please arrive ½ hour prior to your appointment.

During your initial visit, a treatment plan will be developed to address your specific concerns. Enclosed is a questionnaire for you to complete (please fill out both sides) and bring it with you. Make sure to list any medical problems you currently have, or have had in the past. Also please list all your medications, including prescription drugs, over-the-counter preparations, and other remedies. If you've undergone any diagnostic tests (e.g. upper GI series, barium enema, CAT scan, ultrasound, or blood work), please bring copies of this information with you on the day of your appointment.

The enclosed form will provide us with important background and insurance information. Please fill it out prior to your initial appointment, and present it to the receptionist when you arrive. If your insurance company requires a referral, you must either bring it with you or check with your doctor's office to make sure that it has been sent electronically.

Thank you and we look forward to meeting you soon.

Sincerely,

Main Line Gastroenterology Associates, P.C.