

Your appointment:

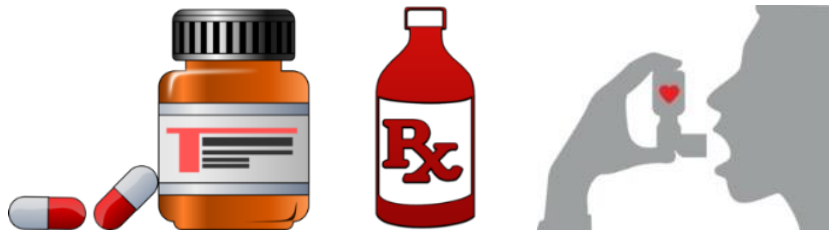
DATE: _____ TIME: _____ DAY: M T W TH F

LOCATION: _____

PROVIDER _____

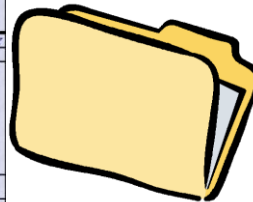
To be sure we have everything we need to for your visit:

1. Please bring ALL MEDICATIONS, even empty bottles!



2. Please bring ALL RECORDS AND NOTES

Dr. John Schoutties, M.D. 1650 Metropolitan St., Pittsburgh, PA 15233 Tel: (412) 555-4000 Fax: (412) 555-4790			
Name: Patricia Proum	Date: 2-21-2013	Age:	Wt/Ht:
Address:			
R Lipitor 20 mg Disp: #30 S: c bid po qd			
Refills: 2	M.D.	M.D.	
Product Selection Permitted	Dispense As Written		
Prescription No.: 0000222	DEA No.:		



3. Please bring the NAMES AND LOCATIONS OF ALL OF YOUR DOCTORS



PLEASE CALL US AT (401)722-0081 TO CHANGE OR CANCEL YOUR APPOINTMENT.

We look forward to seeing you!

SU CITA:

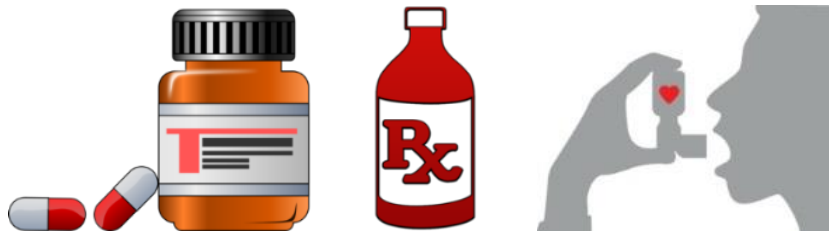
FECHA: _____ HORA: _____ DÍA: M T W TH F

LOCALIZACIÓN: _____

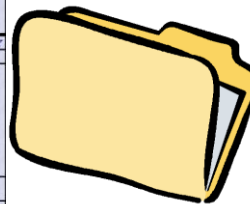
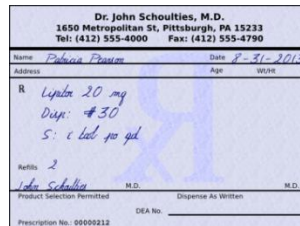
DOCTOR(A): _____

Para estar seguros de que tenemos todo lo que necesitamos para su visita:

1. ¡Por favor traiga **TODOS LOS MEDICAMENTOS**, incluso botellas vacías!



2. Por favor traiga todos los registros y notas



3. Por favor traiga los **NOMBRES Y UBICACIONES DE TODOS SUS MÉDICOS**



POR FAVOR LLÁMENOS AL (401) 722-0081 PARA CAMBIAR O CANCELAR SU CITA.

Esperamos su visita!