

Dear: \_\_\_\_\_,

Welcome to our office. We are in the process of converting to a new Electronic Medical Records System and in order to provide you with the highest quality of care we ask that you complete and **MAIL** the attached forms to the Farmington address listed below or **FAX** them to 860-677-2693. If you are unable to mail or fax in your completed forms you may bring them in with you the day of your appointment. We ask that you please arrive **30 minutes prior to your appointment time**.

Your expected arrival time for your appointment on \_\_\_\_\_ is \_\_\_\_\_. Your actual appointment time is \_\_\_\_\_. You are scheduled to see Adine Regan M.D./Jill Peters-Gee M.D./Mary Roche A.P.R.N in our Farmington/Glastonbury office. The items listed below are to be faxed or mailed to us.

- ❖ Completed Demographics Form
- ❖ Completed attached Patient Information Forms
- ❖ Completed Confidential Communication Request
- ❖ PCP Referral (If Insurance Requires for Specialist)
- ❖ Medication List

On the day of your visit, please bring the following items **with** you to your visit.

- ❖ Pertinent Medical Records
- ❖ **Photo ID and Insurance Card**

Please plan to have your photo taken at this appointment for our records and have any additional medical records or referral information faxed to our office prior to your appointment at **860-677-2693**. Time of service payments are expected at check in. For your convenience we accept cash, check, Mastercard, Visa, Discover and American Express.

Thank you for choosing Women's Health Specialty Care. We appreciate your support as we strive to improve the accuracy, safety, and confidentiality of patient care and medical information.

Kind Regards,

The Staff at Women's Health Specialty Care

499 Farmington Avenue Suite 220  
Farmington, CT 06032  
Phone 860-678-7300

447 Naubuc Avenue Suite 112  
Glastonbury, CT 06033