**DOCTOR APPOINTMENT LETTER**

Dear

This letter confirms your appointment with Dr. Bruce M. McCormack or Dr. Edward Fletcher Eyster on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_. Our office is located at 2320 Sutter St., Suite 202, between Scott and Divisadero. Unfortunately, we do not validate parking. Parking garage is at Mt. Zion Hospital on Sutter Street cross Divisadero Street. The following checklist contains all information needed to provide a complete evaluation:

\*An authorization or referral form from your primary physician, if required by your insurance carrier must be delivered or faxed to our office prior to visit. If your insurance is Workers Compensation, an authorization must be obtained through your case manager/adjuster.

Please pull ALL WC information requested, on the forms provided. \*All X-ray films, CT – scans, MRI, etc. must be within the past 6 months to be considered for review. It is CRITICAL THAT YOU HAND CARRY YOUR FILMS & WRITTEN REPORT TO OUR OFFICE. (Do not have them sent via mail or fed- x. If you do not have films, we will reschedule your appointment.

\*Bring insurance cards, if applicable. If you are self-paying or have a co-pay, please bring exact change. You may pay by cash, check, or credit card. \*We have enclosed a health questionnaire to be filled out completely and hand arried to the office. It is important that you provide ALL physician information, requested on the forms:

Full Name, Address, and current Telephone Number. Dr. McCormack will send reports to all doctors listed on the form. Please be advised that Dr. McCormack & Dr. Eyster could be called into surgery at any time. In the event that this happens, we will have to reschedule your appointment ate.

Thank You