

Mid Michigan Retina, PLC

- 4660 S. Hagadorn Rd. Suite 200, East Lansing, MI 48823
- 1107 S. Mission Rd. Mt. Pleasant, MI 48858
- 215 E. Mansion St. Suite 2E, Marshall, MI 49068

Phone: (517) 574-5850

Fax: (517) 574-5852

Dear Patient,

Welcome to our practice.

Your appointment with Dr. Aggarwal is scheduled for:

_____/_____/_____ at _____:_____ AM PM.

If you need to change or cancel your appointment please give 24 hours notice.

It is necessary for you to bring your insurance card(s) and picture identification with you so that we can verify your insurance coverage and make copies for our records.

You will find three forms enclosed that require completion prior to your appointment:

1. **Patient Information Sheet**- (Basic information about you)
2. **Health History** - (Be as detailed as possible and be sure to list medications you are currently taking and all medication allergies)
3. **Privacy Acknowledgement** - (Please read and sign)

Please bring these completed and signed forms to your appointment. **Co-pays and deductibles are due at the time of your visit.**

We look forward to seeing you and appreciate the opportunity to provide you with quality health care.

Sincerely,

The office staff and Ashim Aggarwal, MD