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ASHIM AGGARWAL, M.D.
BOARD CERTIFIED
AMERICAN BOARD OF
OPHTHALMOLOGY

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14915 W. Michigan Ave
Marshall, MI 49068

1070 Trowbridge Rd
East Lansing, MI 48823

905 E. Pickard St A
Mt Pleasant, MI 48858

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-hour 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: ***NOTE* some forms are front and back so please check both sides.**

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 Acknowledgment** – (Please read and sign)

Please bring these complete 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 Dr. Ashim Aggarwal