



Date: _____

Dear _____,

Welcome to Northeast Infectious Disease Clinic.

We have you scheduled for an appointment on:

_____ at _____ with Dr _____.

Please arrive 15 minutes early with the enclosed papers filled out and signed so that we can have you ready to see the physician on time.

Please bring your insurance cards/information each time you visit so that we may file this for you (if applicable).

Please make sure to bring all medications with you to your appointment.

We are located on the second floor of the Medical Arts Building, Suite 280.

Thank you for choosing NorthEast Infectious Disease Clinic for your healthcare needs.

Sincerely,

**Sue Long, RN BSN CIC
Office Manager**