

**PULMONARY AND MEDICAL ASSOCIATES**

**OF NORTHERN VIRGINIA, LTD.**

1400 SOUTH JOYCE STREET

SUITE 126

ARLINGTON, VIRGINIA 22202-1898

703-521-6662

FAX 703-521-5991

[www.pmaofnova.com](http://www.pmaofnova.com)

Steven M. Zimmet, M.D.  
M. Anthony Casolaro, M.D.  
Robert M. Kruger, M.D.  
Jeff B. Hales, M.D.  
Khalid Puthawala, M.D.

Michael L. Sydoriak, R.C.P., C.P.F.T.  
Administrator

Wilson L. Coudon, M.D.  
Lawrence M. Stein, M.D.  
David R. Duhamel, M.D.  
Sharmeela Kuperan, M.D.  
Michael D. Jacobson, PA-C  
Lisa Moak, M.P.A.S., PA-C

Ann Imperial  
Practice Manager

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

Re Appointment \_\_\_\_\_ at \_\_\_\_\_ AM/PM

This letter is sent in anticipation of your appointment for an evaluation in our office. Please bring this letter with you along with a list of all your medications and their dosages.

Blood work for lab tests will be drawn at the time of your appointment. You may also be given a test kit to check for occult blood in the stool when you are in the office. Further options regarding colon screening will be discussed then.

Please begin fasting 12 hours prior to your appointment in preparation for blood tests. However, you may have water at any time. You may take your medications as you normally would. After showering, please avoid using skins lotions, etc.

Please indicate if your insurance covers preventive examinations:

Yes\_\_\_\_ No\_\_\_\_

NOTE: In order to ensure correct billing, we need to know if your insurance covers preventive medical examinations or if your visit should be billed as we customarily would, i.e., with diagnoses. Remember, Medicare only pays for one preventive examination, and only in the first 6 months of entering the plan at age 65.

We look forward to your visit. Thank you.