

PULMONARY AND MEDICAL ASSOCIATES OF NORTHERN VIRGINIA, LTD.

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ADMINISTRATOR

Dear _____,

Re Appointment _____ at _____ AM/PM

This letter has instructions for 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. Other options regarding colon screening will also be discussed.

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 health insurance covers preventive medical examinations or if your visit should be billed as we customarily would with diagnoses. Remember, Medicare only pays for one preventive examination for each patient, and then only in the first 6 months of entering the plan at age 65.

We look forward to your visit. Thank you.