

PULMONARY AND MEDICAL ASSOCIATES OF NORTHERN VIRGINIA, LTD.

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ADMINISTRATOR

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. Also, please complete and return the attached form to update your medical record.

Blood work for lab tests will be drawn at the time of your appointment. You may be also 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 skin 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.