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Date _____

This will introduce my patient _____

Patient Phone Number _____

The reason for the consultation _____

Medical diagnoses (or email latest H&P) _____

From Doctor _____

Please call, email, or fax for an appointment:

Ph: 336-226-8406 frontdesk@DocMary.com Fax: 336-226-9281

Appointment: Mon. Tues. Wed. Thur. Fri.

Date _____ at _____ AM / PM

Please bring this form with you to your visit