



**COLON AND RECTAL SURGEONS DIVISION**

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**Please complete these forms and bring them with you to your appointment.**

You **MUST** have your insurance card (s) with you at the time of the appointment, so that charges can be filed correctly to your insurance company. The CO-PAYMENT is expected at the time of your visit.

Referrals are needed by some insurance companies for a specialist. **THIS MUST BE DONE BEFORE THE DAY OF THE APPOINTMENT. IF YOU DO NOT HAVE A REFERRAL AT THE TIME OF YOUR APPOINTMENT, YOU'RE APPOINTMENT WILL BE RESCHEDULED.** Please call your family doctor for a referral if your insurance requires one.

**Appointment Date:** \_\_\_\_\_

**Appointment Time:** \_\_\_\_\_

**Dr. A. Alo**

**Dr. P. Klein**

**Dr. E. Sipe**