

From: Karen Samuels <[REDACTED]>

To: "[REDACTED]" <[REDACTED]>

Subject: Dr. Lighvani New Patient Demographic

Date: Mon, 18 Jul 2016 16:49:35 +0000

Attachments: AVOID_MEDICATIONS2015.doc; Demographic-new2016.pdf

Please fill out all forms and bring them with you, along with your insurance card & referral (if necessary).

Appointment Date: July 22 Appointment Time: 9:00am

Office Location: 261 East 78th Street, Flr 4. Between 2nd & 3rd Avenue

PLEASE NOTE:

1. There may be some allergy testing done on your appointment so we need you to be off any antihistamines for at least 3 days but preferably 5 days prior to your appointment.
2. If you are unable to come in with all of your paperwork completed, you should be here at least 15-30 mins early so that completing the paperwork doesn't interfere with your scheduled appointment.
3. **If you need to cancel or reschedule your appointment we would like 24 hours notice, this gives us the opportunity to allow someone else who is waiting to see the doctor to have that time slot. Failure to give 24 hours notice for a cancellation may result in a \$75 cancellation fee.**
4. If you arrive more than 15 mins late for your appointment, depending on the schedule, you may have to wait and be seen where there is another available appointment, or rescheduled to another day.
Looking forward to seeing you.

Thank You,
Karen Samuels
New York Allergy & Asthma, PLLC
261 East 78 Street
Suite 4
New York, NY 10075

2 Attachments