

ALLERGY AND ASTHMA CARE, P.A.

RICHARD J. MORRIS, M.D.

THOMAS J. HELM, M.D.

PRAMOD S. KELKAR, M.D.

Dear New Patient:

Welcome to our practice! We are very pleased that you have selected us for your medical care. Enclosed are forms for you to fill out in advance of your appointment to assist us in making sure that we have all the information necessary to provide you with quality care and treatment. If you have any questions or problems filling out the forms, do not hesitate to call so that we may assist you. **Please remember to bring completed forms with you on the day of your appointment.** We also ask you to **arrive ten minutes before your scheduled time** so we may process your information before you see the doctor.

If you have been treated by a physician or hospital for reasons related to your visit with us (for example: allergies, sinusitis, asthma, etc.), then you may want to request copies of pertinent medical records or x-rays in advance of your appointment. You may either retrieve the records yourself, or have them mailed to us.

If you belong to an HMO, **it is your responsibility to make sure that you have a valid referral from your primary care physician's office.** If you do not have a valid referral, you will be required to pay for your office visit at our standard rate at the time of your office visit.

Our doctors try very hard to stay on time with their patients, but sometimes medical emergencies do occur, which cause them to run behind. You can do your part by showing up on time for your appointment with all the paper work completed.

We are reserving two hours for your appointment. Please note we have a cancellation and no show policy. Please call us no later than 24 hours in advance if you are not able to attend your appointment. The clinic reserves the right to charge a fee for missed or canceled appointments.

If you need directions to your appointment, please don't hesitate to call. We will try and call you a day or two before your scheduled appointment to confirm.

Once again, welcome to our practice. We look forward to providing you with quality care.

Cordially,

Richard J. Morris, M.D.

Thomas J. Helm, M.D.

Pramod S. Kelkar, M.D.

Appointment Date and Time: _____

Appointment with Dr. _____

12000 ELM CREEK BLVD. • SUITE 200 • MAPLE GROVE, MN 55369 • PH: 763-420-1010 • FAX: 763-420-3710

1675 BEAM AVENUE • SUITE 210 • MAPLEWOOD, MN 55109 • APPOINTMENT LINE: 651-501-7872

1700 HIGHWAY 25 N • BUFFALO, MN 55313 • APPOINTMENT LINE: 763-420-1010

11855 ULYSSES STREET NE • BLAINE, MN 55434 • APPOINTMENT LINE: 763-420-1010

1001 HART BOULEVARD • MONTICELLO, MN 55362 • APPOINTMENT LINE: 763-420-1010

www.allergy-care.net