PLEASE CHECK BOX BELOW FOR SELECTED LOCATION

San Diego (Main Office) 3633 Camino Del Rio South Suite 300 San Diego, California 92108 Tel: 619-287-9730 Fax: 619-287-4516	Chula Vista 1310 Third Avenue Suite B3 Chula Vista, California 91911 Tel: 619-827-0276 Fax: 619-827-0297	Poway 15725 Pomerado Road Suite 108 Poway, California 92064 Tel: 858-376-0203 Fax: 858-376-0210	El Centro 441 W. State Street El Centro, California 92243 Tel: 760-337-2949 Fax: 760-337-5698	Yuma 2475 S. Avenue A Suite A Yuma, Arizona 8536 Tel: 928-314-0099 Fax: 928-314-1590
Michael I. Keller, MD		ara Dikranian, MD	Timothy Laza	arek, NP
Puja Chitkara, MD Mahm		nood Pazirandeh, MD	Kevin Delga	dillo, PA
Soumya Rao, MD O		leg Gavrilyuk, MD	Jennifer Lin	coln, PA

Dear Patient:

We are delighted that you have chosen our practice for your care and we look forward to your visit.

Please complete the enclosed paperwork prior to your first appointment and bring it with you, along with your photo ID and all insurance cards.

For your first appointment, please plan to arrive at least 30 minutes prior to your appointment time so that we may process the paperwork that you've taken the time to complete. For future appointments, we ask that you arrive 15 minutes early. Your early arrival helps us stay on time all day.

If you have an insurance plan that requires a referral, you will need to contact your primary care physician and have them forward a referral to our office. We may not be able to see you if a referral is not on file with our office by the scheduled appointment time.

For your convenience we accept cash, MasterCard, VISA, American Express, Discover, and/or personal checks for payment of your co-pay or co-insurance amount.

For more information about our practice, please visit us on the web at www.SanDiegoArthritis.com.

Sincerely,

San Diego Arthritis Medical Clinic