

*D'nese Sokolowski, MD, FACOG*  
*Obstetrics & Gynecology*

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

Dr. Sokolowski would like to welcome you to her practice. We thank you for giving us the opportunity to participate in your health care.

Please complete the enclosed papers prior to your first visit. Please present to the front desk a copy of your current insurance card and photo identification.

Please note: so that we can possibly fill the space reserved for your appointment and offer it to another patient, should you need to cancel, we require 24 hours' notice (business days) when canceling an appointment. Failure to do so will result in a \$75 fee for new patients (more time reserved) and \$50 for established patients. All cancellations must be made with our receptionist (not voicemail or answering service). We take telephone calls till 8:00 pm M-Th and 5:00 pm Fridays. Dr. Sokolowski is a solo practitioner and will spend as much time as necessary with all patients.

Sincerely,

Dr. D'nese Sokolowski and Staff

Please sign below

Signature: \_\_\_\_\_