

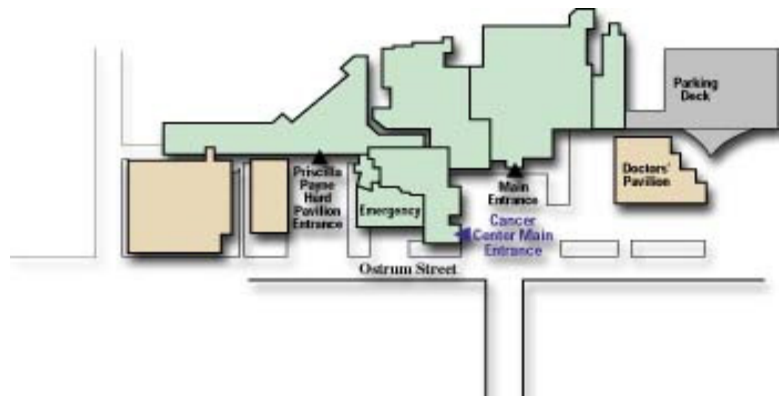
Dear Patient:

In preparation for your visit with our office, we have enclosed the necessary paperwork to be filled out in the comfort of your own home. Please fill out each form. At the time of your appointment please bring the following information with you.

**Completed enclosed forms**  
**List of your current medications**  
**Insurance cards and Prescription cards**

**If referrals are needed with your insurance**, it is ***your responsibility*** to obtain a referral from your primary care provider for your scheduled appointment and subsequent following visits. Failure to obtain a referral may result in the patient being responsible for the entire amount of the visit. Please have your primary care provider submit the referral electronically or fax the referral to 610-954-6055. Your co-pay is expected at the time of service. We accept cash, checks, MasterCard and Visa.

**We are located at the Priscilla Payne Hurd Pavilion. Please take advantage of our FREE Valet parking. Enter the lobby and turn right in the lobby and walk past the gold elevators and you will see a sign for Cancer Care Center. We are directly behind the elevators.**



We look forward to meeting you on \_\_\_\_\_ @ \_\_\_\_\_.

Sincerely,

The Staff at the Cancer Care Center  
610-954-2140