



Christopher D. Sarzen MD PC

WELCOME TO GREATER ATLANTA GASTROENTEROLOGY AND HEPATOLOGY

We are looking forward to your appointment on _____(Month/day) at _____ with Dr. Christopher Sarzen.

Enclosed you will find 2 forms which we ask you to fill out at your leisure at home, and bring in with you on the day of your appointment. If you will click on *Patient Information*, then *Patient Forms*, you will find: 1) **New Patient Form** and 2) **Patient History Form**. Please download these 2 forms and fill them out. That will save you time checking-in at our office.

Please be sure to also bring a picture ID and your insurance card(s) with you. If your insurance requires any type of a referral, we ask that you contact your primary care physician's office to be sure that your referral is being processed. We will need to have the referral before you can be seen in our office, in accordance with your agreement with your insurance carrier. If you receive a copy from your insurance company, please bring that with you so we can make a copy for our files.

If you have had any recent tests (lab, x-ray, etc) done that pertain to this visit, please be sure to get copies of those reports and bring them with you on the day of your appointment.

Thank you very much for your cooperation in filling out the enclosed forms.

Please plan to arrive at least 15 minutes prior to your appointment time.

Sincerely Yours,

Christopher D. Sarzen, MD