Dear Patient,

Thank you for choosing Emory Genetics. Your health is very important to us, and we want to make your visit as easy as possible.

All the information that you will need for your appointment is in this packet: date, time, phone numbers, directions, patient registration form, medical record release form, and medical questionnaire. Please review the enclosed information thoroughly, and complete the registration form and any questionnaires included prior to your visit.

During your clinic visit, you can expect three main activities:

- **Registration:** you will sign in, your insurance and registration information will be processed, and co-payments will be collected.
- **Examination:** your height and weight will be taken by a nurse, and then you will see your physician.
- **Checkout:** your visit will be processed, and follow-up appointments will be scheduled.

We hope that your clinic visit is a positive experience for you. Please contact the Division of Medical Genetics at 404-778-8500 if you have any questions prior to your visit. We look forward to seeing you soon.

Sincerely,

The Physicians and Staff of Emory Genetics
APPOINTMENT INFORMATION:

Date: ___________________________  Time: ________

Dr. ___________________________  Specialty: Genetics

Location: Emory University
Division of Medical Genetics
2165 N. Decatur Road
Decatur, GA 30033-5307

The following items should be completed before your visit:

1. Please make several copies of the Authorization for Release of Medical Records form located in this packet. Using this form, you are responsible for having all physicians including your referring physician, specialty physicians, and/or medical facilities, send all pertinent medical records (especially lab results, copies of x-ray reports, etc.) to us so that we receive them at least two weeks prior to your appointment. All records can be faxed to Medical Genetics at 404-778-8562 or mailed to us at the address provided.

2. Complete the medical history questionnaire form and return to us at least two weeks prior to your appointment. Our mailing address is:

Division of Medical Genetics
Emory University School of Medicine
Attn: Adult Clinic
2165 N. Decatur Road
Decatur, GA 30033-5307

Please bring the following to your clinic visit:

1. Your completed registration form.
2. Your insurance card.

Important: Please arrive at clinic at least 30 minutes before your scheduled appointment time to allow for proper registration and processing of your insurance. Patients arriving late may not be able to see a physician and will need to be re-scheduled.

If you are unable to keep a scheduled appointment, please notify us as soon as possible. We maintain a waiting list of patients who need specialized attention. Patients missing more than two appointments without proper cancellation (at least 24 hours prior to appointment time) will be dismissed and not rescheduled. If you have any questions regarding your appointment, or to reschedule or cancel your appointment, please call the Division of Medical Genetics at 404-778-8500.