Dear Parent,

Thank you for choosing the Emory Genetics. Your child’s 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 child’s insurance and registration information will be processed, and co-payments will be collected.
- Examination: your child’s height and weight will be taken by a nurse, and then you will see your child’s physician.
- Checkout: your child’s 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 child’s 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 child’s pediatrician, referring physician, specialty physicians, and/or medical facilities, send all pertinent medical records on your child (especially lab results, copies of x-ray reports, etc.) to us **so that we receive them at least two weeks prior to your child’s appointment**. In addition, using this form, please request copies of your child’s birth records to be sent to us. The doctor who delivered your child may have copies of your delivery records. Otherwise, please request them from the hospital where your child was born. **All records can be faxed to Medical Genetics at 404-778-8562, or mailed to us at the address provided.**

2. Complete the medical/family/pregnancy history questionnaire form and return to us **at least two weeks prior to your child’s appointment**. Our mailing address is:

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

Please bring the following to your child’s clinic visit:

1. Your child’s completed registration form.
2. Your child’s insurance card.

**Important:** Please arrive at clinic at least 30 minutes before your child’s scheduled appointment time to allow for proper registration and processing of your child’s 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 children 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 child’s appointment, or to reschedule or cancel your child’s appointment, please call the Division of Medical Genetics at 404-727-5863.**