

Annual Appointment Reminder  
Name of physician's office  
Address  
Phone number

Name of patient  
Appointment date and time  
**Please arrive at (time/15 minutes before appointment)**

(fold here)

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**Please Bring the Following**

A list of all medications you are taking

Your current Insurance and/or Medicare cards

A list of the other physicians you have seen since your last appointment at this office

A list of concerns you wish to discuss with the doctor

Your glasses

**Call \_\_\_\_\_ with any questions and ask for \_\_\_\_\_**