

## Appendix C: 5.1 – Sample Colonoscopy Appointment Letters in English (Operation Access)

<Date>  
<First Name> <Last Name>  
<Address>  
<City>, <State> <ZipCode>

Dear <First Name>:

We are glad to inform you that you have been scheduled for a consult with **<Dr Practice>**.

Date and Time: **<Procedure Appt Date English>** at **<Procedure Time>** – **Please arrive 15 minutes early.**

Address: **<Hospital or Procedure Address>**

### IMPORTANT:

**\*\*\*Follow the instructions included with this letter starting the day before your appt\*\*\***

1. Bring **this letter and photo identification** to your appointment.
2. Bring **all of the medications** you take regularly and show them to the doctor.
3. If you got any radiology procedure done (Ultrasounds, CT Scans, or X Rays), **please obtain and bring the reports and images** to your consult. The doctor may need these images and reports to diagnose you and decide on your treatment.
4. There are a limited number of available appointments. If you arrive late or miss your consult, we cannot guarantee that it can be rescheduled. Call us at least **48 hours** prior to the consult if you need to cancel.
5. Please **call us after the appointment** to inform me of the outcome and future appointments.
6. The doctor and the hospital have offered to donate this service to you. If you are asked to make a payment, **do not pay**. Instead, request that a bill be mailed to you. When you receive the bill, **do not pay**. Send me a copy of the bill.

Please call me if you have any questions or concerns.

Sincerely,

**<Primary Case Mgr>, <Primary Title>**

**Phone: <Primary Phone>**

**e-mail: <Primary Email>**

### INFORMATION FOR REGISTRATION:

If you have any questions, please call us at **(\*\*\*)\*\*\*-\*\*\*\*** or the phone number listed above. Also please call us if you have scheduled the patient for surgery, so that we can ensure that the hospital codes the patient correctly as a non-billing case. Thank you!