

Medical Diagnostic Associates, P.A.
Carol G. Simon Cancer Center at Overlook Hospital

99 Beauvoir Ave, Summit, NJ 07901

Phone (908) 608-0078 Fax (908) 608- 1504

**Dennis A. Lowenthal, M.D., Daniel J. Moriarty, M.D., Bonnie L. Guerin, M.D.,
Neil Morganstein, M.D., Sophie D. Morse, M.D.**

Dear: _____

You have a Consultation with Dr. _____

This appointment has been scheduled for _____

_____ **Arrival Time (30 minutes prior to your appointment time)**

_____ **Appointment Time**

Please read and complete this packet in its entirety. There are some pages that require information on both sides. Also, please provide our office with the name, address, and telephone number of all physicians participating in your care. Be sure to include your primary care physician, referring physician, OB/GYN, cardiologist, etc. Also, you will need to provide a medication list. Please include dosage and frequency of how you take your medications.

We must have all medical records faxed pertaining to your appointment prior to the scheduled date of your appointment. Please fax all records to **908-608-1504** to the Attention to: NEW PATIENT COORDINATOR. If your records originate from Overlook Hospital, we are able to obtain those medical records for your appointment. When gathering your medical records, please include the following if it pertains to your appointment:

- **Blood work** (we would like a three year history)
- **Radiology Reports**, CAT Scan, PET Scan, or MRI Reports, X-RAY and BONE SCANS
- **Mammography Reports** (any and all Mammograms including the Bilateral Mammography and Ultrasound prior to any diagnosis)
- **Pathology** (any and all biopsy and surgery pathology reports)
- **Operative Reports** (any and all transcriptions involving the diagnosis)

In addition, we ask that you arrive **30 minutes prior** to your scheduled appointment time. If referrals are required, please have it at the time of your first appointment. If your physician has given you a prescription referring our physician, ***please bring it with you to the appointment.***

Regarding co-pays, if the insurance requires you to pay the co-pay for a specialist, we will be collecting it at your initial visit. This will occur every time you come for a visit with your Doctor at our office thereafter. This is part of our agreement with your insurance company and is considered part of the amount we have contracted with them to accept as payment. If you have any questions regarding your co-pay, please contact your insurance company for further clarification.

Make checks payable to **PRACTICE ASSOCIATES MEDICAL GROUP.**

Thank you for your time and attention,
Medical Diagnostic Associates, P.A.