

ALLAN K. BERNSTEIN, DDS

2034 E. Southern Avenue, Suite H, Tempe, AZ 85282

Phone for both locations: 480-820-6800

Fax for both locations: 480-820-6801

Dear Patient,

Thank you for selecting our office. We look forward to the opportunity to serve you. Your initial appointment is scheduled on _____ at _____.

Please carefully read the following office guidelines to help facilitate smooth running appointments.

Please complete the enclosed forms completely and accurately and bring the completed forms with you to your first appointment. Some questions may not apply to your case specifically, but please do not withhold information, even if it seems unnecessary to you. All questions asked are necessary for our records, and all records are kept confidential.

Have available the names, titles, office addresses and phone numbers of any health care provider we may need to contact or sent a consultation report.

If available, bring any applicable X-rays or office notes that you can obtain. If your appointment is for a jaw disorder (TMD) and you currently have any type of splint or mouth guard, please bring that as well. If your appointment is for a sleep disorder, please bring a copy of your sleep study or have it faxed to our office prior to your appointment.

Be sure to bring any and all insurance information, including your *medical* insurance card(s)

Try not to take any pain medication within eight hours of your initial appointment so as not to mask any symptoms. Take all other medication as normal. Please bring a complete list of all medications you are presently taking and the dosage of each medication.

You should plan on being in the office for approximately 90 minutes for your initial visit.

FOR ALL APPOINTMENTS

We greatly appreciate your cooperation in arriving on time, and your understanding if we cannot see you immediately – sometimes we need a little more time than planned in order to serve our patient's needs. If you must cancel an appointment, please notify us at least 24 hours in advance so that we may see another patient needing care. Try to reschedule your cancelled appointment promptly.

FINANCIAL RESPONSIBILITY

Your estimated responsibility for your first visit is \$ _____ and is due the day of the appointment. Your first visit will be charged separately from any future treatment charges. Cash, check, Visa or MasterCard is accepted. We will inform you of your future treatment costs at your initial examination.

If you have any questions, please do not hesitate to contact our office at 480-820-6800.

Directions to both locations:

The Tempe location is located in the Southern Avenue Medical Center, approximately 4 blocks west of the 101 Freeway, and ½ block east of Country Club Way. Turn north off Southern Avenue onto Fairfield Street, and make an immediate left turn into the parking lot. There is sign on the corner of Fairfield and Southern Avenue with a duck on it stating, "Shalimar Golf Club and Restaurant", and also a small convenience store on the east side of the street.

The Scottsdale office is located on the south-west corner of Bell Road and 64th Street.

We look forward to meeting you.

Sincerely,

Dr. Allan K. Bernstein & Staff