

Verification of Appointment and/or Procedure

Date: _____

This is to certify that _____ had/has an appointment for a
_____ procedure/consultation on _____ at
_____ .

He/She is required to adhere to the following instruction before/after the abovementioned
procedure/consultation:

Please excuse his/her lack of participation in activities that impair his/her ability to adhere to the
prescribed instructions.

Doctor's Signature:	
Name and Address:	