

(Office use)

APPOINTMENT VERIFICATION

Weill Cornell Imaging at NewYork-Presbyterian

- ☐ 416 E 55th Street NY, NY 10022
- ☐ 425 E 61st Street NY, NY 10022
- ☐ 1305 York Avenue NY, NY 10021
- ☐ 1283 York Avenue NY, NY 10065
- ☐ 520 E 70th Street NY, NY 10021
- ☐ 2315 Broadway NY, NY 10024
- ☐ 53 Beekman Street NY, NY 10038
- ☐ 28-25 Jackson Avenue NY, NY 11101
- ☐ 504 West 34th Street NY, NY 10016

PATIENT NAME: _____

DATE: _____

TIME: _____

TO WHOM IT MAY CONCERN:

This notice serves to verify that the above-named patient had an appointment with Weill Cornell Imaging at NewYork-Presbyterian on the date and time specified on this form.

VERIFYING ENTITY

NAME (Print): _____

POSITION: _____

SIGNATURE: _____