

UROLOGY ASSOCIATES, S.C.

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Dear Patient:

The physicians and staff of Urology Associates are very pleased that you have chosen us to assist in your medical care. We know that this may be a difficult time for you and that you may not feel well and it is our pledge to try to make this as pleasant an experience for you as possible.

If at any time during the course of your treatment you have any questions about the care you are receiving, any procedure or surgery that is planned for you, medications you are taking, future care or a bill, please do not hesitate to contact our office for assistance.

We want you to be fully advised at all times about your medical condition. It is equally as important that you communicate with us any concerns you may have about your treatment and diagnosis, as it is important for us to communicate with you. We also ask that if you cannot make it to your scheduled office appointment(s), you call us in advance to reschedule. This helps us further assist you and other patients who need to be seen and treated.

Thank you!

Please sign and date below acknowledging receipt of the above information. Please return this completed form to the receptionist.

Patient's signature

Date