

Michael Stein, M.D.

Neurology

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WELCOME TO OUR PRACTICE

Dear Patient,

Thank you for calling our office for an appointment. For your convenience, we are enclosing forms to be filled out, a map with directions, headache questionnaire and a calendar for recording your headache prior to your visit.

In order for Dr. Stein to make an appropriate assessment, our office should have medical records pertinent to your visit. Please make sure that your referring physician or your primary care physician sends us a copy of your most recent consultation, clinical notes, labs and/or x-ray studies. You may bring any relevant records that you have as well.

Please make sure to fill out the enclosed information and bring it with you on the day of your scheduled appointment.

Your appointment is on:

DAY

DATE

TIME

If you have any questions, please call of office at (925) 938-5252. If you are unable to keep your appointment, please call to cancel or reschedule at least 48 hours prior to your visit. Thank you for this courtesy. We look forward to meeting you.

Sincerely,

Michael Stein, M.D. and Staff