



Dear _____

Thank you for scheduling an appointment with our office on _____.
In an attempt to streamline our registration process, we ask that you arrive to your appointment with your medical history and attached forms completed. Please understand that we have an extremely busy practice and our staff will do their best to get you in promptly for your scheduled appointment. We would appreciate it if you could arrive 15 minutes earlier than the scheduled time on your first appointment.

Two days prior to your appointment, you will be receiving a reminder call from our automated system. Please listen to the message and prompts if you need to reschedule or cancel your appointment. Our office has an answering service for after hour calls where you may leave a message or contact one of our providers on call for an urgent concern.

Please feel free to call our office should you have any questions prior to your appointment. If you need to reschedule your appointment, we ask that you provide us 24-hour notice.

If the patient scheduled is a **minor (under age of 18)** the child **must be accompanied** to the appointment with a parent. If a parent is unavailable, an adult (someone over the age of 21) must accompany the child along with written consent for this office to evaluate and treat your child. If a written consent is not brought in with the patient and they are not accompanied with an adult, we unfortunately will have to reschedule their appointment.

We look forward to seeing you at your upcoming appointment and welcome you to our practice!

A handwritten signature in black ink that reads 'Ellen H. Frankel MD'. The signature is written in a cursive, flowing style.

Ellen H. Frankel, MD

Medical Director

Ellen H. Frankel, MD
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