

MARK A. LATINA, M.D.

GLAUCOMA CONSULTATION, ANTERIOR SEGMENT AND LASER SURGERY

DIPLOMATE AMERICAN BOARD OF OPHTHALMOLOGY

Welcome to our office. This letter is to confirm your appointment with
Dr. Mark Latina/Dr. Vicki Kvedar/Dr. Veerasammy.

Enclosed, please find a *patient information sheet, a medical history form and an insurance authorization sheet to be completed prior to your appointment.*

1. Please bring this information with you the day of your appointment.
2. Co-payments are to be paid at the time of the appointment.
We accept cash, check, debit/credit. Please note Medicare does Not pay for an eye glass prescription, there is an additional fee of \$40.00.
3. Please call your primary care physician for a referral if your insurance requires one. **NOTE: ALL HMO'S REQUIRE A REFERRAL.** If your referral is not in order your visit may be rescheduled.
4. You must bring your insurance card with you the day of your visit.
5. Bring a list of current medications and dosage. Also, remember to bring your eyeglasses for both distance and reading.

Your appointment is scheduled for

We have enclosed a map for your convenience.

If you have any questions, please do not hesitate to call.

Sincerely,

Office Staff

Dr.. Mark Latina, Dr. Vicki Kvedar, Dr. Veerasammy