



1600 NW 6th St., North Suite  
Grants Pass, Oregon 97526  
Phone 541-474-5533  
Fax 541-476-2380

## APPOINTMENT CONFIRMATION

Dear \_\_\_\_\_ :

Thank you for choosing Grants Pass Surgical Associates for your medical care. You have been referred to our office by \_\_\_\_\_ for a consult to determine if any surgery is necessary regarding \_\_\_\_\_. Your appointment is scheduled for the following date and time:

Mon    Tues    Wed    Thurs    Fri  
Date \_\_\_\_\_  
Time \_\_\_\_\_  am  pm

In order to make your appointment more efficient, we ask that you complete the attached information sheets. Your information is strictly confidential. Please remember to bring:

1. Completed intake forms
2. List of current medications (including dosage and frequency)
3. Your insurance card(s)
4. Copayment/payment

Minors under the age of 18 must be accompanied by a parent or guardian.

We look forward to meeting you. If for any reason you will be unable to keep your appointment please call our office at least 24 hours in advance. Our phone number is 541-474-5533.

Thank you,

**Grants Pass Surgical Associates, P.C.**

Mark F. Deatherage, MD, FACS  
Mark A. Jones, MD  
Melissa Greive, DO