

THE DERMATOLOGY CENTER OF INDIANA

Scott T. Guenther, MD Denna Noblitt, PA-C
Michaela E. Wehr PA-C Jennifer H. White NP-BC Jeremy K. Nivens NP-C

Please read and sign all forms and bring to your scheduled appointment.

Dear Patient,

Thank you for choosing The Dermatology Center of Indiana, PC for your dermatology care. We look forward to providing to you the best possible dermatology care in an environment that will meet the philosophy of the practice.

“For patients, it is vital that they feel welcomed, comfortable, and most of all, respected by the practice. Every patient will be viewed as an individual who deserves and will receive the best dermatologic care possible.”

We ask that you complete the **three** enclosed forms **prior** to your visit and bring them **along with your insurance card(s) to the visit**. If this is your initial visit to the practice, please arrive approximately 10 minutes prior to your appointment time so that we may verify your information.

We understand that it may take some time to complete these forms, but by completing them fully and accurately, we will be able to (1) more comprehensively evaluate your condition as well as (2) ensure that the timely payment of your visit charges occurs.

We look forward to serving you at our Plainfield or Zionsville locations. If you have any questions, feel free to call our office at the number listed below.

Sincerely,



PLAINFIELD OFFICE
1100 Southfield Drive, Suite 1240
Plainfield, IN 46168
(317)838-9911 FAX(317)837-6080

ZIONSVILLE OFFICE
6639 Whitestown Pkwy
Zionsville, IN 46077
(317)732-8980 FAX(317)732-8979

OVER FOR DIRECTIONS TO OUR OFFICE