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Dear Patient,

Welcome to our practice. We will make every effort to work with you and your insurer to maximize your entitlement to health benefits. We are committed to quality medical care and your complete satisfaction.

To avoid delaying the services you may need, please be aware of the following:

- Patient is responsible for all referrals needed for each visit.
- Record of the visits will be sent to the referring physician.
- Controlled medications will be issued only at the time of your visit.
- Changes of your medications will be discussed with the physician at your follow-up visit. If your medication makes you sick, please stop taking it and call for an earlier appointment.
- No test results will be given over the phone, mailed or faxed. They will be given at the time of your visit - a copy will be given to you at this time.

Thank you for your cooperation,

Patient Signature: _____ Date: _____