Dear,	
Thank you for choosing UR Medicine Adult Pelvic Health and Continence Care. We look forward to meeting you.	
This letter is to notify you of your appointment at 500 Red Creek Drive	e, Suite 120, Rochester, NY 14623.
Appointment Date and Time:	
If checked ($$), please do the following:	
PLEASE ARRIVE 15 MINUTES BEFORE YOUR SCHEDULED AF Please bring your insurance card(s) and photo ID with you. Failure to arrive on time could compromise your appointment an rescheduled. Appointments are every half hour and we need to r on our very structured schedule.	d it may need to be
This is a consultation appointment, no preparation necessary.	
Please use a Fleet Enema at least three hours prior to your scheduled appointment.	
You may eat and take all of your regular medication.	
Please complete all enclosed documents and bring them with yo	ou to your appointment.
If you have any questions or concerns, please feel free to call our office at (585) 242-1382.	
Thank you, Jenny Speranza, Ml	D, FACS, FASCRS
Margaret LaMark, N Clinical Staff	IP .

It is extremely important that you arrive before your scheduled appointment. Failure to do so may result in being asked to wait for a new availability in our schedule, or, if we cannot accommodate on the same day, we may have to reschedule your appointment different day.

Thanks you for entrusting us with your care.

Adult Pelvic Health and Continence Care 500 Red Creek Drive, Suite 120, Rochester, NY 14623 Office (585) 242-1382 | Fax (585) 244-2418

