

LITTLETON RADIATION ONCOLOGY

5 West Dry Creek Circle
Littleton, CO 80120

Date: _____

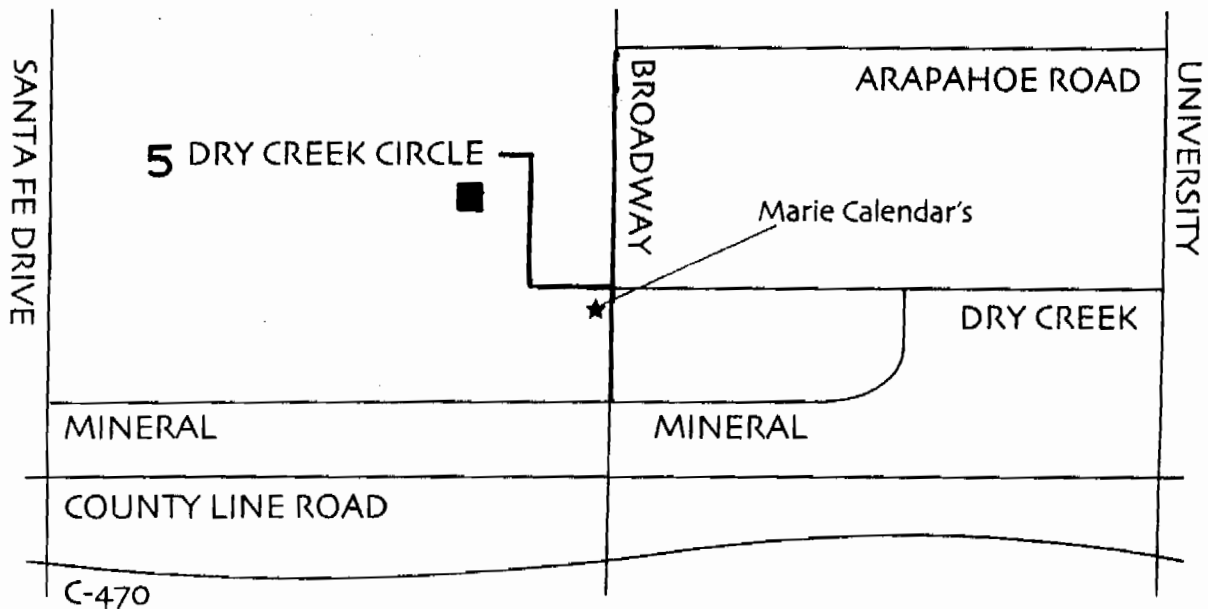
Dear _____

We would like to welcome you to our medical practice. Our records show that you have recently scheduled a consultation with _____ Dr. Schreiber, _____ Dr. Tippin on _____, _____ at _____ a.m. _____ p.m.

To make your visit to this office pleasant and efficient, we would request that you complete the enclosed forms prior to your appointment. You may fax this form at your convenience or mail them to us in the envelope provided.

It is important that our doctors view any x-rays, scans, or MRI's pertaining to your current diagnosis. We would ask that you obtain any existing films and bring them with you on the day of your appointment.

If there is anything we can do to be of service, please let us know. We look forward to seeing you.



5 West Dry Creek Circle Littleton, CO 80120
Phone (303) 738-8700 Fax (303) 794-8287

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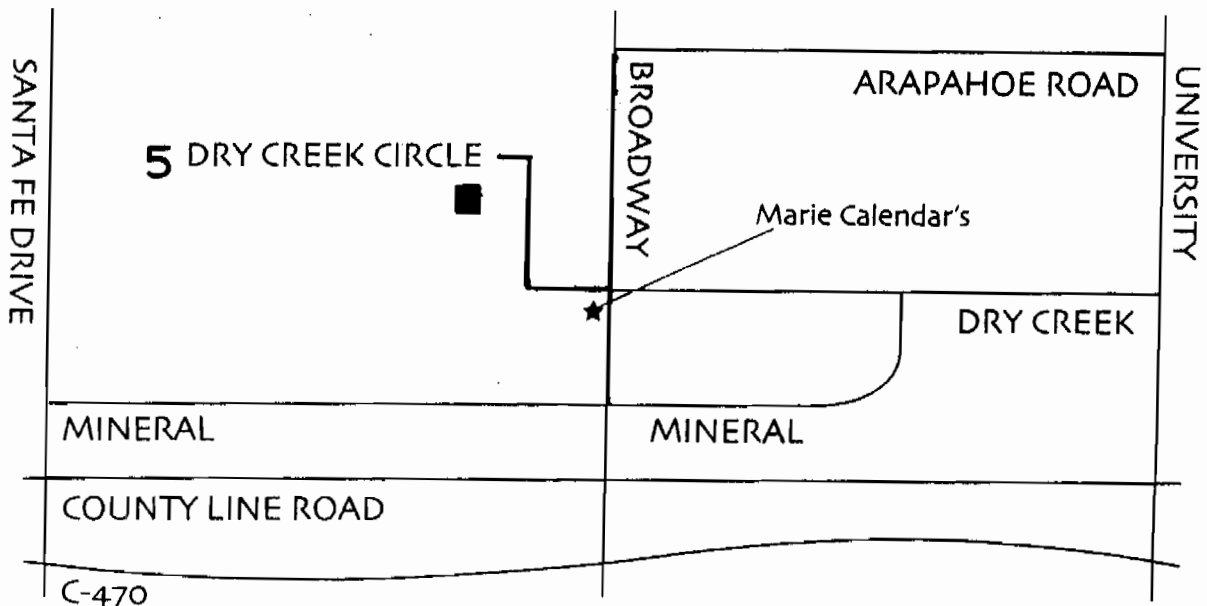
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