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To Our New Patient:

Trinity Medical WNY, PC

The Trinity Medical WNY, PC wishes to take a moment to welcome you to our practice. Thank you for choosing us. We look forward to partnering with you to address your health concerns.

Our goal is to provide the highest quality care possible in a friendly, caring, and efficient environment. The trust and confidence you have placed in us is most appreciated.

To ensure the highest quality care, we need certain information from you and we need to inform you of our office policies **prior** to your initial visit.

The following forms are included in the new patient packet:

The following forms are medaded in the new patient patient
Required-Please complete and return: Patient Information Form Release of Medical Records Health Care Proxy HEALTHeLINK Consent Form
Policies and Procedures
□ Notice of Privacy Practices
□ Office Policies
□ Patient Portal form
Please complete all required forms and mail them back to our office in the envelope provided. This nformation will be used in preparation of your patient chart and your initial visit.
We look forward to seeing you at our office.
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Thank you for giving us the opportunity to serve you.