Dear Patient,

1.	Before requesting an appointment, please check with your insurance on your eligibility and your copayment for visiting the Doctor.
2.	 Whille requesting an appointment, please provide the following information if not already Your smart phone number (for audio and video conversations and text messages) Your insurance Your email address (for registration at our clinic and non-confidiential communication) Your preferred pharmacy address and phone number List of medicines you are currently taking
3.	After the appointment and before the visit with the doctor, please Fill out and fax back the required patient-intake forms sent to you from the doctor's office or, for patients registered on the Patient Ally portal, complete the forms directly on the Patient Ally portal.
4.	The day before the scheduled visit with the doctor, please Record your weight, height, heart rate and blood pressure if you can
親愛的]病人,
1.	在申請預約之前,請查看您的保險,瞭解您的保險資格和看醫生的自付款 (Copay)。
2.	請求預約時,如果尚未提供,請提供以下資訊 您的智慧電話號碼(用於音訊和視訊對話和簡訊) 您的保險 您的電子郵件地址(用於在我們的診所註冊和非保密通訊) 您首選的藥房地址和電話號碼 您目前服用的藥物清單

- 3. 預約后和看病前,請
 - □ 填寫並傳真從醫生辦公室發送給您所需的患者接收表格,或者,如若您已是【患者 盟友】的用户,請直接在【患者盟友】网上填寫表格。
- 4. 在預定就診的前一天,請
 - □ 如果可以, 記錄您的體重、身高、心率和血壓以备就診时给醫生。