

# JOHN R. SIMPSON, D.D.S, M.D., F.A.C.S.

EAR, NOSE AND THROAT - HEAD AND NECK SURGERY  
ENDOSCOPIC SINUS SURGERY, SLEEP APNEA SURGERY  
FACIAL PLASTIC SURGERY

NE GEORGIA ENT  
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TELEPHONE (706) 546-0144  
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WINDER EAR, NOSE AND THROAT  
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WINDER, GEORGIA 30680  
TELEPHONE (770) 867-1131

Dear Patient,

Welcome, this is your new Patient Information Packet for your upcoming office visit. Please complete the enclosed forms to the best of your ability and knowledge. These forms should be completed in **ink** only. Please bring paperwork to your scheduled appointment.

**These are a few items that you will need on the day of your visit:**

- **Insurance Card & D.L./Picture I.D. To Every Scheduled Appointment**
- **Any Office Notes, CT Scans, X-Rays, Labs That May Relate To Your Visit**

Please make sure you have a referral for your visit if your insurance requires. **It is the patient's responsibility to know if you need a referral and to obtain the referral. We are not responsible if your benefits do not pay due to lack of referral.** Please check with your insurance company to make sure we are in your network. This is also your responsibility to find this information out.

As always, we do everything we can to better serve your needs in the most efficient and professional manner. If you have any questions or concerns, please do not hesitate to call @ **706-546-0144**.

Sincerely,  
Office Manager

**Your Appointment Date:** \_\_\_\_\_

**Your Appointment Time:** \_\_\_\_\_ **Arrival Time** \_\_\_\_\_

**Your Appointment is Scheduled in the** \_\_\_\_\_ **Office**

Please call our office 24 hours in advance if you are unable to keep your appointment. A broken appointment is a loss to everyone.