

Kallgren Dermatology Clinic
3434 47th St. Suite 200 Boulder, CO 80301
Phone 303-444-8100 Fax 303-444-8113
Email kallgrenderm@comcast.net
Website www.kallgrenderm.com

Welcome to Kallgren Dermatology Clinic

Thank you for requesting information to schedule an appointment with our office. For your convenience and to reduce the amount of paperwork required during your initial office visit we have included a link to our New Patient Paperwork Packet which contains:

- 1) A Patient Registration form
- 2) A Medical History form
- 3) A Financial Policy/Patient Waiver form
- 4) A Receipt of Patient Privacy Practices form
- 5) A Credit Card on File form

Along with the above completed forms, during your initial check-in please be prepared to provide:

- 1) Your driver's license or appropriate picture ID
- 2) Your insurance card(s)
- 3) A copy of your referral (if required by your insurance provider)

We will make copies of these documents for inclusion into your medical record. Please arrive a minimum of fifteen minutes early for your first appointment.

If you have any questions regarding our office please feel free to call us at the number listed above.

Sincerely,

Diane L. Kallgren, M.D.