

November 1, 20—

Ms. Nancy J. Dodson  
3727 Harris Street  
Eugene, OR 97405-4246

Dear Ms. Dodson:

Thank you for contacting us and considering us as your primary care provider. We are confident that you will be pleased with our services and our patient care, and we look forward to many years of serving your health needs.

Now that you have made your final selection, we would like you to complete the enclosed Patient Information Form and send it back to us at your earliest convenience. As you can see, the form asks mostly for personal information so that we can contact you or your employer if necessary. In addition, the form requests the following information: the name, address, and telephone number of your insurance company and your insurance policy number.

Again, welcome to Lakewood Hospital! If there is any additional information we can provide about our services, do not hesitate to call us at 555-2300 or e-mail me at [lmedford@lakewood.com](mailto:lmedford@lakewood.com).

Sincerely,

Lucille R. Medford  
Office Manager

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Enclosure