



IMPORTANT DOCTOR INFORMATION

In an effort to understand your routine and continue to provide you quality service,
we ask that you take a moment to fill out the information below and fax to
(513) 385-4291 or email to www.greaterc@fuse.net

Doctors Name _____

Office Hours

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

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Address

City

State

Zip

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Office Phone

Fax

After hours emergency phone

Email Address _____

Do you have a package drop-off area when your office is not open? Yes No

If yes, where would you like us to pick up or drop off packages?

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Additional Comments

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