



*Specialty Care
& Surgery Center*

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Paula R. Dhandra, MD
FACOG, FACS

Quincy Andrus, PA

John R. Clarke, CRNA

Dear Patient,

On behalf of our entire medical staff, we would like to welcome you to the Specialty Care & Surgery Center.

*Our office hours are Monday through Friday 9:00 a.m. to 5:00 p.m. Our office works on an appointment basis. If you are unable to keep your scheduled appointment, we ask that you give us at least **24-hours notice**.*

*We are sending you several forms to complete. Please fill them out as completely as possible and **mail them back** to our office in the enclosed envelope. If you are unable to mail your completed forms back please plan to **arrive at least thirty minutes early** to allow us time to process your paperwork. If you have a co-pay, please plan to pay it at the time of your visit.*

If you have been referred to our office because of a specific gynecological problem, please ask your referring physician to fax us any lab reports, x-rays, doctor's notes, and similar documentation that relate to your existing condition. This will aid the doctor in his/her evaluation. We look forward to meeting you.

Sincerely,

*Tonya George
Scheduling Coordinator*

Your appointment is on _____ at _____

With: [] Paula Dhandra, MD [] Quincy Andrus, PA