

# **Atlanta Clinical Care, P.C.**

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**Diplomates, American Board of Internal Medicine and Infectious Diseases**

Dear Patient:

Thank you for choosing us as your health care provider. Enclosed is information on our practice policies and directions to our office, as well as forms to fill out before your visit.

Please bring the completed forms, your insurance card, and a picture ID with you to your appointment. If required by your insurance plan, also bring your referral with you.

In addition, please bring the following medical information to your visit, if applicable: a list of all medications you are taking, copies of current lab work and diagnostic test results, and pertinent information from another physician or surgeon.

We try our best to remain on schedule; however, emergencies sometimes arise. If we are seriously delayed, we will try to notify you. We'd greatly appreciate if you could please assist us by being on time for your appointment.

We look forward to welcoming you to our office. If you have any questions, please call us at 404-459-0002 or visit us online at [www.atlantaclinicalcare.com](http://www.atlantaclinicalcare.com).

Sincerely,

The Atlanta Clinical Care Team