

Kallgren Dermatology Clinic, P.C.  
3434 47<sup>th</sup> Street, Suite #200  
Boulder, CO 80301  
303-444-8100  
Email: [kallgrenderm@comcast.net](mailto:kallgrenderm@comcast.net)  
Web Site: [kallgrenderm.com](http://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 are sending you a New Patient Information Packet which contains:

- 1) Medical History Information Form (please complete and have available for our receptionist during your first visit)
- 2) Patient Registration Form (please complete and have available for our receptionist during your first visit)
- 3) Kallgren Dermatology Clinic policy and procedure information which are designed to answer FAQs regarding insurance, co-pays, referrals, office hours, and cosmetic procedures available.

Along with the above listed 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 provider/HMO)

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.