

Ida Alul, M.D.
Patricia Buehler, M.D.
Winter Lewis, O.D., F.A.A.O.

2450 NE Mary Rose Place
Suite 110
Bend, Oregon 97701
541-318-8388
fax: 541-318-7145



Date_____

Dear _____,

Welcome to our office!

We are pleased you have selected InFocus Eye Care for your complete eye care. We are unconditionally committed to excellence and we look forward to the opportunity of serving your needs. We are excited to meet you.

In order to provide you with the most thorough and accurate information, we have enclosed some forms for you to complete and bring with you to the examination. Please bring along your insurance cards and driver's license. Payment is requested at the time of the office visit for any non-insurance service(s). Please be prepared to make your copay payment at time of service. Feel free to contact us at (541) 318-8388 with any questions.

Our office is located at 2450 N.E. Mary Rose Place, Suite 110, Bend, Oregon.
Please find a map enclosed for your convenience. We look forward to seeing you on

_____.

Sincerely,

In Focus Eye Care
Ida Alul, M.D.
Patricia Buehler, M.D.
Winter Lewis, O.D., F.A.A.O.