



Community Health Connections

We take great care of you!

www.chcfhc.org

978-878-8100

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Date: ___/___/_____

Dear: _____

Thank you for choosing Community Health Connections (CHC) for your healthcare. We look forward to being your healthcare provider!

You have an appointment on:

Date: ___/___/_____ Time: _____ AM PM with

Provider	Department	Health Center
Please call 2 days before your appointment to confirm or it will be cancelled. This helps us to better meet the needs of all of our patients. Thank you for your consideration and understanding.		
Our telephone number: 978-878-8100		

Please plan to:

- ✓ Arrive 15 minutes earlier than your scheduled appointment time.
- ✓ Bring a list of current medications and ALL medication bottles.
- ✓ Bring your medical records from your previous doctor/specialist.
- ✓ Bring some form of identification and your insurance card.
- ✓ Bring your co-pay if you have one. It is due at the time of check-in.

Please note that we are unable to prescribe any controlled substances for chronic pain (such as benzodiazepines, narcotics, stimulants) at your initial visit.

Sincerely,
Community Health Connections

Rev: 10/2022