



Dear:

Dr. \_\_\_\_\_ has referred you to Yakima Neurosurgery Associates. Your appointment has been scheduled with George F. Gade, M.D. on \_\_\_\_\_ @ \_\_\_\_\_. Yakima Neurosurgery Associates is located at 1470 N. 16<sup>th</sup> Avenue, here in Yakima. If this appointment is not convenient, you may contact our office at **574-6030** and our staff will be happy to assist you with rescheduling.

***Please Note: If your imaging took place at Advanced Radiology, Regional Hospital, Orthopedics Northwest, Kittitas Hospital or any lower valley imaging clinic/hospital, please make sure you bring your CD or films with you upon check in. Without CD or films we will reschedule your appointment upon check-in to ensure proper facilitation of your care. Our office policy requires you to be on time 10 minutes past your appointment time and we will need to reschedule you.***

***Please fill out your paperwork prior to your appointment.***

If you have any questions regarding this referral, please feel free to contact our office.

*We look forward to meeting you.*

Sincerely,

Cheryl L. Dutour  
Referral Coordinator/Medical Receptionist

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