

WASHINGTON HOSPITAL CENTER
Department of ENDOCRINE SURGERY
106 Irving Street, Nw. Physician Office Building Suite # 124.
Washington, DC 20010
202-877-5611/3158. Fax 202-877-3108

WELCOME ENDOCRINE SURGERY

Dear: _____

I would like to take this opportunity to thank you for choosing **Medstar Washington Hospital Center Endocrine Surgery Department** to meet your surgical needs. You have a consultation appointment with

Date: _____ Time: _____ Location: _____

PLEASE BE SURE TO ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT. If unable to make appointment, kindly give a 24 hour notice.

Your appointment is at the following office:

- Medstar Washington Hospital Center
Physicians Office Building-South Suite 124
106 Irving Street, NW
Washington, DC 20010
Please park in the “**Physicians Office Parking**” garage. The cost for parking is \$5.00 for the first 3 hours and will increase for every hour thereafter.

- **Mitchellville Plaza**
12158 Central Avenue
Suite 700
Mitchellville, MD 20721

- **Chevy Chase**
5454 Wisconsin Ave.
Suite 1100
Chevy Chase, MD 20815

- **K Street**
2021 K Street, NW
Suite 420
Washington, DC 20009

Enclosed you will find your patient information sheet, along with your history and physical forms. **Upon receipt kindly fill out the forms and fax back to the office prior to your scheduled visit.** Please fax to **1(888)680-5519 or (202)877-3108**. If you are unable to fax forms to the office please bring the completed forms with you to your appointment. If you have any questions, please contact the office at (202)877-3158

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It is **VERY** important to bring with you **OR** have your physician to fax over the reports for the following:

For THYROID Issues Only-Please bring:

- Thyroid Scan and/or Ultrasound Report (******pick up your actual films /disk from the location you took the test******)
- Fine Needle Aspiration Biopsy Report (FNA)

- Thyroid Blood Function Testing (T3,T4, TSH, etc)

For PARTHYROID Issues Only-Please bring:

- Parathyroid Scan (****Please pick up your actual films/disk from location you took test******)
- Calcium and Intact PTH levels; 24-hour urine ; and Bone Density Scan

For ADRENAL Issues Only-Please bring:

- CT of Abdomen (****Please pick up your actual films/disk from the location you took the test******)
- Lab work

******Please remember to bring your Photo I.D., Insurance Card, Referral forms, and co-pay if needed.***

If additional information is needed please feel free to contact the office at the number below.

Thank you in advance for your cooperation.

Endocrine Surgery Staff

(202)877-3158