

You were seen today by: **MICHAEL INGRAM, MD**

Your return appointment should be scheduled with the:

- Doctor RN PA/NP

Your follow-up appointment should be scheduled in:

- 4 wks 8 wks
 12 wks 16 wks

Please schedule an:

- Updated Psych Evaluation

Your next appointment is on:

date _____

at _____ am pm



BAY PSYCHIATRIC ASSOCIATES
690 South Trumbull (Main Floor)
Bay City, Michigan 48708
tel (989) 922 4900 fax (989) 922 4911

M-13097 (7.14)

Co-pays and deductibles are due at the time of service.

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