

THE
ROCKOFF
DERMATOLOGY
CENTER

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Dear Patient,

Thank you for choosing Rockoff Dermatology Center. We are looking forward to seeing you at your upcoming appointment. The following information will assist you with the registration process. In order to expedite the registration process, please complete the included Patient Demographic Forms. In addition, you may also print and complete the full patient registration form packed that can be found on our website at <http://www.rockoffcenter.com/patients.html> By completing these forms ahead of time, you will save a significant amount of time during your office visit.

Please provide this information to our office along with your current medical insurance card and a photo identification. If your insurance requires a referral, please contact your primary care physician prior of your visit.

Please arrive 15 minutes prior to your visit appointment to allow sufficient time for the registration process.

We appreciate your assistance with preparing for your appointment, and we look forward to providing you the highest quality dermatological care. If you have any questions or concerns regarding the registration process, please do not hesitate to contact our office

Sincerely,

Alan S. Rockoff, MD

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