

**MERCER GASTROENTEROLOGY
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DATE: _____

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MELISSA PRZEMIENIECKI, APN**

I, _____, have an appointment on the above date and have come to the office without a referral from my primary physician. In the event that a referral cannot be obtained from my physician, I will be responsible for the payment for today's office visit.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

WITNESS: _____

PRINT NAME: _____