



Tennessee Valley Neurological Associates

Theodros Mengesha, M.D.

Shannon Simmons, CRNP

Dear Patient,

We would like to take this opportunity to thank you for choosing Tennessee Valley Neurological Associates for your healthcare needs and to welcome you to our office. We are pleased that you have chosen us to provide you with medical services.

This letter is to confirm your appointment on _____ at _____ with _____. We ask that you arrive at _____, which is **30 minutes** prior to your appointment time, so you can be seen at your scheduled time.

Please complete the enclosed forms, prior to your appointment, and bring them with you on your appointment date, along with your identification cards, insurance cards, medication list, as well as your co-payments and/or deductibles.

If you are unable to keep this appointment or if you are going to be more than **15 minutes** late, please call our office at 256-265-0400 as soon as possible. We will be happy to reschedule a more convenient time for you.

We look forward to seeing you and if you have any questions, please do not hesitate to call our office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sirgut Solomon', with a stylized flourish above the name.

Sirgut Solomon, M.D.

Clinical Practice Manager
Tennessee Valley Neurological Associates