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Dear _____,

Thank you for choosing Coastal Eye Care for your eye care needs. The doctors and staff are committed to providing superior, cost effective medical and surgical eye care with compassion and attention to quality. We look forward to seeing you on _____ at _____. Please arrive 15 minutes early to allow time for registration prior to your exam. Directions to our office are located in this packet. You will receive a reminder call two to three days prior to your appointment. If you are unable to keep your appointment, please call our office at (207) 667-6300 as soon as possible to reschedule. Thank you in advance for your cooperation.

Please take time to review the enclosed information. **You will find forms which need to be completed and brought with you the day of your exam. In addition, please bring your insurance cards and a photo I.D.** Any patient balance not covered by your insurance policy is expected to be paid in full at the time of service. We accept major credit cards, personal checks, and care credit.

Also included is a copy of our office's policies. The privacy policy is available upon request. We ask you read these carefully and feel free to call us if you have any questions. You should be prepared to have your eyes dilated as part of your exam (you may want to have a driver) and plan on spending at least one hour at the office. The length of your visit could be longer depending on tests or treatments performed during your exam. **Any surgery, laser or procedure will be scheduled at a future date** and not performed on the day of your evaluation. We ask that all patients and staff **avoid wearing heavy scents** out of respect to those with allergies or health issues triggered by scents.

We Hope you find this information helpful,

The Doctors and Staff at Coastal Eye Care