



**FRANK R. BURNS M.D**  
**OPHTHALMOLOGIST**  
**EYE PHYSICIAN & SURGEON**

Dear Patient,

Welcome to our practice! Your appointment is \_\_\_\_\_ at our \_\_\_\_\_ office. I have enclosed your new patient information card, medical history form and a copy of our financial policy. Please read the information carefully and call us if you have any questions prior to your visit.

On the day of your visit, you will need to bring the above papers, already filled out, and a complete list of any medications you are currently taking, including any over the counter medications. You will also need your primary care physician referral from (if appropriate) and your insurance cards. Referral forms must be obtained prior to your appointment with our office. Please call your insurance company if there are any questions concerning a referral or your benefits.

You will be expected to pay your required copayment, refraction fee or any other insurance deductible due on the day of the service.

We have 2 office locations. One office is 13324 Shelbyville Road Louisville KY 40223 and the second is 150 Brooks Way Suite 4 Brooks KY 40109. Maps are on the back of this page for your convenience.

We are very pleased that you have chosen us for your eye care needs. We look forward to seeing you very soon. Please call us if there are any questions, 502-245-0305.

Sincerely,

Frank R. Burns, M.D.

FRB/ng

Enclosures

13324 Shelbyville Rd – Middletown, KY 40223  
150 Brooks Way, Suite 4 – Brooks, KY 40109  
Phone (502) 245-0305  
Fax (502) 245-1425