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Dear _____:

Once again, we thank you for participating in the Framingham Heart Study. Your next clinic appointment is scheduled for _____ at _____ P.M.

As you probably know, we are now located at 73 Mt. Wayte Avenue, in the Perini Building. Our clinic is located in the wing on the Franklin Street side of the building. The building is handicap accessible and we have reserved parking for you behind the Franklin Street wing.

We suggest you wear comfortable clothes that are easy for you to remove. You should bring slippers and, if you wish, your own robe although we provide hospital robes.

Eat your regular meals and take medications as usual. PLEASE BRING ALL MEDICATIONS YOU TAKE, BOTH PRESCRIPTION AND NON-PRESCRIPTION, WITH YOU. **On the back of this form**, we would appreciate information regarding hospitalizations and/or major illnesses since your last visit or health history update. **PLEASE BRING THIS LETTER WITH YOU TO THE CLINIC.** If you need help completing it, our staff will be happy to assist you at the time of your appointment.

If you have any questions, please call Linda Clark, Participant Coordinator, at **(508) 935-3426** or **1-(800)-248-0409**. Thank you again for your participation in the Heart Study and your ongoing help in our battle against heart disease

Sincerely yours,

Daniel Levy, M.D.
Director
Framingham Heart Study

Primary Care Doctor (Name & Address): _____

Power of Attorney/Health Care Proxy: _____
(If you have documentation, please bring a copy or we will make a copy for our records)

List Overnight Hospitalizations Since Your Last Exam or Update on _____

Date	Reason	Hospital	Doctor's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Same Day ER Visits Since Your Last Exam or Update:

Date	Reason	Hospital	Doctor's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Most Recent Dr. Visit & Day Surgeries Since Last Exam or Update:

	Date	Doctor's Name	Findings (if applicable)
Physical:	_____	_____	_____
_____	_____	_____	_____
Day Surgery	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____