



CHARLOTTE EYE  
EAR NOSE & THROAT  
ASSOCIATES, P.A.

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## Voice & Swallowing Center Appointment Scheduled

You have been referred to the Voice & Swallowing Center at Charlotte Eye, Ear Nose & Throat Associates.

Your appointment has been scheduled for

Date: \_\_\_\_\_ Day: \_\_\_\_\_

Time: \_\_\_\_\_ Location Second Floor : \_\_\_\_\_

Therapist: \_\_\_\_\_

If unable to attend this appointment, please contact our office at least 24 hours prior to schedule a more suitable time. A fee of \$100 will be assessed for all no-show evaluations appointments. Please keep in mind that our office has an extensive waiting list so it is extremely important that you contact us if you are unable to attend your scheduled appointment.

Please fill out the enclosed paperwork and bring it with you to your appointment. If you have any questions, please contact us at 704.295.3345. If your health insurance has recently changed, please call the above number before your scheduled evaluation. If we are unable to obtain authorization prior to your visit, it will be considered self pay. In consideration of our other patients with allergies and airway sensitivities; please do not use perfumes/heavy fragrances before attending your Voice and Swallowing Center appointments.

Sincerely,

The Voice and Swallowing Center