

Waiting List for Dr John Hearst

Please complete this form and send it in to me by mail, email or fax. We will let you know if you can register as his patient as we get a sense of how much room there will be. Please expect to hear from us towards the end of the summer. I am expecting Dr Hearst to start seeing patients here in November. There are many preparations to make and, as excited as I am, I can not schedule anyone in before then. If you have medical concerns that can not wait until at least November then you will need to make other arrangements in the meantime.

Your name: _____

Your address: _____

The name and date of birth of all family members wishing to join Dr Hearst's practice:

Your insurance: _____

(Please note that Dr Hearst will not be accepting Aetna or New York Medicaid)

Your reason for wanting to join the practice: _____

Are you or your family members previous patients of Dr Hearst? _____

Thank you,

Avery Wood

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