Ted A. Jackson, M.D. Daniel J. Wood, M.D.

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We would like to take this opportunity to welcome you to our practice. We hope to make this a pleasant experience and look forward to being of service. We would like to ask that you please complete the enclosed forms and bring them with you when you come to the office for your appointment. Please be advised that we have limited seating. Thank you.

Pleas	e report to:					
	1306 K] 1306 Kanawha Blvd., E., Suite 100, Charleston, WV				
	400 Di	vision Street,	, Suite 5, So	uth Charlesto	on, WV	
Your	appointment	is scheduled	l for:			
	☐ MON	TUES	□ WED	THUR	□ FRI	
				_	AM PM	

PLASTIC AND RECONSTRUCTIVE SURGERY • COSMETIC SURGERY • SURGERY OF THE HAND • MICROSURGERY DIPLOMATE, AMERICAN BOARD OF PLASTIC SURGERY • DIPLOMATE, AMERICAN BOARD OF SURGERY • DIPLOMATE, ADDED QUALIFICATION FOR SURGERY OF HAND

Please bring updated insurance cards, photo ID & a list of your medications.