

PERLIS WELLNESS CENTER

81 E. Scranton Ave
Lake Bluff, IL 60044
847-295-5997

Fax:847-295-6340

Dear Patient,

Thank you for choosing Perlis Wellness Center as your healthcare provider. We are honored by your choice and are committed to providing you with the highest quality healthcare. In preparation for your first appointment, we would like you to please download and complete the forms prior to your visit. You may mail, fax, or bring the completed forms to your appointment. If possible, please include a copy of your current Insurance Card (both front and back sides) and a copy of your Picture ID (license).

Completing these forms prior to your appointment will expedite your registration and allow me to address your medical needs more efficiently. If you have any outside records that are relevant to your visit, please mail, fax, or bring them with you so we can go through them if necessary.

Thank You,

Dr. Cheryl Perlis



