Michael E. Weigle, O.D. The Optical Shop of West Clay, Inc.

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Thank you for making an appointment with our office. Please fill out both sides of the enclosed *Medical History* form, the *Authorization for Release of Identifying Health Information*, and *Acknowledgement of Notice of Privacy Practice*. Bring them to return them to us on the day of your appointment. Please bring your insurance cards and any applicable insurance forms with you. Payment is due at the time of service.

If you have any questions, please cal	l our office at (636) 947-0207.	
Your appointment is scheduled for		at
DI : 15 :	am / pm.	
Please arrive 15 minutes early for pre	e-testing.	

Our office is located on *PRALLE LN*., just off *Highway 94*, on the west side of *Bluestone*. There is a sign on the peak of the building. *We are across the street from AmerenUE*.

There is a \$50 no show fee. If you need to cancel or reschedule the appointment, feel free to give the office a call at any time.