

**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.*

*Please report to:*

*1306 Kanawha Blvd., E., Suite 100, Charleston, WV*

*Your appointment is scheduled for:*

*MON*    *TUES*    *WED*    *THUR*    *FRI*

AM  
PM

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