



EPISCOPAL DIOCESE *of* INDIANAPOLIS

Dear Physician:

In an effort to improve awareness of the importance of preventive health practices, the Episcopal Diocese of Indianapolis has created incentives for its participants to receive their annual no-cost preventive care screening. This letter serves as verification that the participant has had their annual visit. We are grateful for your cooperation with our wellness program. If you have any questions, please contact Brendan O'Sullivan-Hale at the Episcopal Diocese of Indianapolis, 317-926-5454 or brendan@indydio.org.

Patient Name (print): _____

Date of Visit: _____

Physician's Signature: _____

Physician's Name (print) _____

Physician's Address: _____

Physician's Phone Number _____

Please return this letter directly via mail, email, or fax to:

Brendan O'Sullivan-Hale
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Indianapolis, IN 46208
brendan@indydio.org
Fax: 317-926-5456

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