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You have been scheduled for a consultation at our primary office located in Indianapolis.
Please give us 24 hour notice if you need to cancel or reschedule your appointment.

Physician: Dr. William C. Erdel Dr. William J. Fecht, Jr. Dr. Paul K. Frederick

Date & Time: _____

Prior to your visit please complete the patient demographic and health questionnaire forms enclosed with this letter. You can also download them from our web site at www.indianagastro.com. In addition, bring your insurance card and photo identification.

Call our primary office at (317) 872-1161 with any questions or view frequently asked questions on our web site. We look forward to participating in your care.

Indiana Gastroenterology, Inc.
8902 N Meridian Street, Suite 225
Indianapolis, IN 46260

Phone: (317) 872-1161
Fax: (317) 875-3286

Our office building is located just west of Meridian Street between 91st Street and 86th Street. You can access the parking lot from Meridian or 91st Street.

Remember to bring:

- 1) Completed patient demographic form
- 2) Completed health questionnaire form
- 3) Complete list of your medications
- 4) Insurance card
- 5) Photo identification (such as a driver's license)

