

Subject: Video Visit Appointment with Dr. Martin - Zoom meeting invitation



Children's Hospital
New Orleans
LCMC Health

Department of Pediatric Urology

PLEASE REPLY to this email (churorn@lcmchealth.org) to **confirm your appointment.**

Appointment information:

Dr. Martin is inviting you to a Video Visit Appointment for your child.

Name: ***

Date: ***

Time: ***

Video visit instructions:

Join the Video Visit by clicking the link below on either your computer or mobile device. Please ensure that you have a good WIFI connection. If using a mobile device, we recommend downloading the Zoom Conferencing App for the best experience.

<https://chnola.zoom.us/j/2080986755>

Instructions for filling out pre-visit forms:

While in the waiting room, please fill out our consent form using the link below:

https://lcmchealth-drshh.formstack.com/forms/followup_visit_consent

You may also go to chnola.zoom.us and Join using the **Meeting ID: 208 098 6755**

We are looking forward to seeing you at your upcoming video visit.