Please note: This is a list of area hotels and rates for your convenience. These hotels are not recommendations and have no connection to the Amyloid Treatment and Research Program. Please confirm hotel rates when you call to register. You MUST tell any hotel which you communicate with that your stay is hospital related in order to get the medical rate. Rates change depending on season and availability.

Frequently used because they are within short walking distance:

Hampton Inn & Suites **
811 Massachusetts Avenue
Boston, MA 02118
617-445-6400

Best Western Roundhouse Suites **
891 Massachusetts Ave
Boston, MA 02118
617-989-1000

Frequently used because they are nearby and offer shuttle service:

Courtyard Marriott**
63R Boston Street
Boston, MA 02125
(617) 436-8200 reservations
(617) 436-0866 fax
If you have trouble making reservations, call John Ladd at 617-506-6853

Beginning March 1, 2009, there will be a $5 charge per person for the shuttle service.

Ramada Inn**
800/900 Morrissey Blvd.
Dorchester, MA 02122
617-287-9100
Rate: $79
*Shuttle to Boston Medical Center available.

Boston Park Plaza
64 Arlington St.
Boston, MA 02116-3912
(617) 426-2000 main#
(800) 225-2008 reservations
(617) 423-1708 fax
Rate: $199-300

The Lenox Hotel
710 Boylston Street
Boston, MA 02116
(800) 225-7676 reservations
(617) 267-1237 fax

Days Inn
1234 Soldier's Field Road
Boston, MA 02135
(800) 329-7466 reservations
(617) 254-1234 main#

Comfort Inn**
900 Morrissey Blvd.
Dorchester, MA 02122
617-287-9200
Rate: $79
*Shuttle to Boston Medical Center available

Radisson Hotel
200 Stuart Street
Boston, MA 02116
(617) 482-1800 main#
(800) 333-333 reservations
(617) 457-2825 reservations

Hotel Commonwealth
500 Commonwealth Avenue
Boston, MA 02215
(617) 933-5000
www.hotelcommonwealth.com

Holiday Inn Express**
69 R Boston Street
Boston, MA
617-288-3030
Rate: $99

Holiday Inn Boston at Beacon Hill**
5 Blossom St
Boston, MA 02114
617-742-0461- Reservations
617-742-7630- Main Hotel Number
www.hisboston.com

Revised 11/2012

**Medical rates at this hotel will only be honored when patients call the number listed, not the 800 number.
Directions to Boston Medical Center

From the North:
Follow Route 1 (Via Mystic/ Tobin Bridge) to Route 93 South. Take Exit 18 (Mass Ave). At traffic light, take right onto access road; stay in right lane. At end of access road, turn right onto Massachusetts Ave.

From Logan Airport:
Go through the Ted Williams Tunnel to I-93 South. Take the first exit (Exit 18 Mass Ave). At traffic light, take right onto access road; stay in right lane. At end of access road, turn right onto Massachusetts Ave.

From the South:
Take Expressway North (Route 93/3), Take Exit 18. Watch for signs. At second traffic light, take left onto access road stay in right lane. At end of access road, turn right onto Massachusetts Ave.

From the West:
Take the Massachusetts Turnpike (Route 90) East to end. Take Expressway South (Route 93). Take Exit 18 (Mass Ave). At traffic light, take right onto access road; stay in the right lane. At end of access road, turn right onto Massachusetts Ave.

From the New York, Connecticut, Rhode Island:
Take Route 95 North to Route 93 North. Take Exit 18 (Mass Ave.). Watch for signs. At the second traffic light, take left onto access road; stay in right lane. At end of access road, turn right onto Massachusetts Ave.
DESTINATIONS

For all destinations, paid parking is available at the Albany Street Parking Garage located at 710 Albany St. Validation coupons for patients and visitors are available at all clinics throughout Boston Medical Center.

For Boston Medical Center (BMC) / Moakley Building and Menino Pavilion
From Massachusetts Ave, take second right onto Harrison Ave. Boston Medical Center / Moakley Building and Menino Pavilion is the first driveway on your right.

For Boston Medical Center (BMC) / Newton Pavilion, 88 East Newton St and BU School of Dental Medicine, 100 East Newton St.
From Massachusetts Ave., take first right onto Albany St. Take second left onto East Newton St. BU School of Dental Medicine is on the right side at 100 East Newton St. BMC is on the right in the middle of the block at 88 East Newton St.

For the BU School of Medicine, 72 East Concord St
From Massachusetts Ave, take second right onto Harrison Ave. Take first right off Harrison Ave which is East Concord St. Halfway down block on left side is 80 East Concord St. Follow foot path to School of Medicine.

For the Doctor’s Office Building (DOB), 720 Harrison Ave
From Massachusetts Ave, take second right onto Harrison Ave. Go past East Concord and East Newton Sts on your right. The DOB at 720 Harrison Ave is on your right just beyond East Newton St. Paid parking is available in the garage at the Doctor's Office Building at 720 Harrison Ave.

Public Transportation

The MBTA provides the following bus services to Boston University Medical Center, servicing the Boston University Schools of Medicine, Public Health, and Dental Medicine, and the Boston Medical Center.

Bus 1: Travels from Harvard Square (Red Line) to Dudley Square, via Mass Ave. connecting Central Square (Red Line), Hynes/ICA (Green Line), Symphony (Green Line), and Mass Ave. Station (Orange Line) with the Boston Medical Center. Buses travel along Mass Ave. as far as Albany St., then continue to Dudley Square Bus Station. Service is provided every 10 minutes. An abbreviated schedule is available on weekends and holidays. Note: A free bus transfer is available at Mass Ave. Station. A subway pass is valid between Dudley and Mass Ave. Stations only.

Bus 8: Travels from the University of Massachusetts, Harbor Point Campus, connecting with JFK/UMass (Red Line) to Kenmore Square (Green Line) via BUMC. It connects the Medical Center with the Orange Line at Ruggles Station. Buses generally run every 15 minutes during peak hours. An abbreviated schedule is available on weekends and holidays.

Bus 10: Travels from Copley Square (Green Line) to City Point in South Boston, connecting Back Bay Station (Orange Line) and Andrew station (Red Line) with BUMC. Buses provide service every 20 minutes during peak hours. An abbreviated schedule is available on weekends and holidays.

Bus 47: Service from Broadway Station (Red Line) to Central Square, Cambridge (Red Line). This bus travels on Albany St. and connects with Dudley Bus Station, Ruggles Station (Orange Line), Fenway Station (Green Line) and the Longwood Medical Area. Buses generally run every 20 minutes during peak hours. There is an abbreviated schedule with no service to Broadway Station on weekends and holidays.

Crosstown Bus/CT1: Operates every 15 minutes during peak hours from 6:30 am to 6:30 pm, Monday through Friday ONLY. It travels along Mass Ave. from Central Square in Cambridge (Red Line) with stops including Hynes/ICA (Green Line), Symphony Station (Green Line), Mass Ave. Station (Orange Line), BMC/Harrison Ave. and BMC/East Newton St. Note: Subway passes are accepted on this bus.

Crosstown Bus/CT2: Operates approximately every 20 minutes during peak hours from 6:30 am to 6:30 pm, Monday through Friday ONLY. This bus travels from Andrew Station (Red Line) to the Longwood Medical Area, connecting with the Orange Line at Ruggles Station. After 6:30 pm, there are additional runs from BUMC to Longwood Medical at 6:38 pm and 7:43 pm, and from BUMC to Andrew Station (Red Line) at 6:33 pm, 7:22 pm and 8:22 pm. Note: Subway passes are accepted on this bus.

The Silver Line (formerly bus # 49): is the new bus rapid transit service that travels on Washington St. (2 blocks from the medical campus) from Dudley Square to Downtown Crossing, Boston (Close to Red/Orange Lines). It connects BUMC to New England Medical Center Station (Orange Line) and Chinatown Station (Orange Line). Service is provided every 4-5 minutes during peak hours. Stops along Washington St., near BUMC include Massachusetts Ave, East Newton St and Union Park. Both subway and bus passes are accepted on the Silver Line.

For service to Dudley, board at the MBTA shelter on the opposite side of Washington St at Newton St or Massachusetts Ave. For service to Downtown, board at the MBTA shelter on Washington St. at Newton St. or Mass Ave.
PLEASE COMPLETE THE FOLLOWING FORMS AND RETURN THEM (as soon as possible) TO:

DATE: __________________________

PATIENT NAME: __________________________

MAIDEN NAME: __________________________

SOCIAL SECURITY #: __________________________

DATE OF BIRTH: __________________________

Home address: __________________________

Home Phone: __________________________

Cell Phone: __________________________

Email Address (optional): __________________________

PROFESSION/TITLE: __________________________

Work Address: __________________________

Office Phone: __________________________

NEXT OF KIN: __________________________

Relationship: __________________________

Address: __________________________

Phone: __________________________

NEXT OF KIN: __________________________

Relationship: __________________________

Address: __________________________

Phone: __________________________

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PATIENT PHYSICIAN LIST
Addresses must include name, specialty, institution, suite # (if applicable), street address, state, zip code, and telephone number

DATE: ____________________________

PATIENT NAME: ____________________________

(Your primary physician will receive your original clinical summary and test results.)

PRIMARY PHYSICIAN: ____________________________

SPECIALITY: ____________________________

ADDRESS: ____________________________

CITY/STATE/ZIP: ____________________________

TELEPHONE/FAX: ____________________________

IS THIS YOUR REFERRING PHYSICIAN? (yes/no) ____________________________

(The following physicians will receive a copy of your clinical summary and test results.)

PHYSICIAN: ____________________________

SPECIALITY: ____________________________

ADDRESS: ____________________________

CITY/STATE/ZIP: ____________________________

TELEPHONE/FAX: ____________________________

PHYSICIAN: ____________________________

SPECIALITY: ____________________________

ADDRESS: ____________________________

CITY/STATE/ZIP: ____________________________

TELEPHONE/FAX: ____________________________

PHYSICIAN: ____________________________

SPECIALITY: ____________________________

ADDRESS: ____________________________

CITY/STATE/ZIP: ____________________________

TELEPHONE/FAX: ____________________________

I am aware that the Amyloid Treatment and Research Program will share with the physicians listed on this page, consultation notes, test results, and subsequent information regarding my care and treatment. ____________________________ (Patient’s Signature)