

TO SCHEDULE AN APPOINTMENT

TO SCHEDULE AN APPOINTMENT THE FOLLOWING IS REQUIRED:

- YOUR FULL NAME
- YOUR DATE OF BIRTH
- BEST PHONE NUMBER TO CONTACT YOU
- NAME OF YOUR INSURANCE AS DISPLAYED ON YOUR INSURANCE CARD
- YOUR INSURANCE SUBSCRIBER ID# (displayed on the front of the card)
- CONTACT NUMBER FOR YOUR INSURANCE (LOCATED ON THE BACK OF YOUR CARD)

AT THE TIME OF APPOINTMENT:

- PLEASE BRING YOUR INSURANCE CARD AND DRIVERS LICENSE
- FOR HMO PLANS, REFERRAL FROM YOUR DOCTOR
- YOUR CURRENT MEDICATION LIST AND ANY OTHER RECORDS THAT YOU MAY HAVE.