



WELCOME TO  
CONSULTING CARDIOLOGISTS, PC

This is to confirm your appointment on \_\_\_\_\_ at \_\_\_\_\_ in the  
\_\_\_\_\_ office with \_\_\_\_\_.

Information about you, your previous health and the health of your family is essential for us to provide you with the best possible care.

Completing the enclosed information will assist us in preparing your medical record and expedite the check-in process. Please complete these forms and bring them with you to your appointment.

Your medical information is confidential. Enclosed is our privacy statement regarding our office policy on the release of your medical information.

For your convenience, we have enclosed a medication card for you to complete and carry with you in your wallet. When completing the enclosed medication card, include name, dose and the directions for all of your medications. Also include any vitamins, herbal medications and any other over-the-counter medications you take.

Please remember to bring your insurance card(s), applicable co-payment and verify you have an active referral from your primary care physician, if your insurance plan requires a specialist referral. If you have any billing or insurance related questions, you can contact our billing department at (860) 525-1532.

We look forward to seeing you for your appointment. Please visit our website at [www.consultingcardiologists.com](http://www.consultingcardiologists.com) for directions to our offices.