



Pulmonary Physicians

APPOINTMENT DATE _____ TIME _____

We value your time so we need you to come prepared for your appointment. Please review the following checklist prior to your scheduled appointment.

*****NOTE-** Failure to provide the information requested could delay and/or cause a cancellation/ rescheduling of your appointment until the requested information is obtained. If you have any questions please contact us prior to your appointment date.

330-452-8844 or toll free 1-800-716-6580

- o PLEASE BRING YOUR INSURANCE CARDS, EVEN IF YOUR INSURANCE HAS NOT CHANGED SINCE YOUR LAST VISIT.

******CO-PAYMENTS ARE COLLECTED UPON CHECK-IN. PLEASE BE PREPARED TO PAY OR YOU MAY BE RESCHEDULED******

- o PLEASE BRING PHOTO IDENTIFICATION (THIS IS REQUIRED BY LAW TO HELP PROTECT YOU FROM IDENTITY THEFT)
- o PLEASE BE ADVISED THAT WE REQUIRE AT LEAST 24 HOUR NOTICE FOR CANCELLATIONS. IF YOU DO NOT SHOW FOR YOUR APPOINTMENT 2 TIMES WE WILL NO LONGER RE-SCHEDULE YOU.
- o PLEASE RETURN YOUR COMPLETED PAPERWORK IN THE ENVELOPE PROVIDED. IF YOUR APPOINTMENT IS SCHEDULED WITHIN THE NEXT 2 DAYS PLEASE BRING COMPLETED PAPERWORK WITH YOU AND ARRIVE AT LEAST 20 MINTUES BEFORE YOUR SCHEDULED TIME.

(YOU MUST INCLUDE A CURRENT LIST OF MEDICATIONS, INCLUDING DOSAGE AND FREQUENCY, OXYGEN USAGE AND ALLERGIES)

- o PLEASE BRING ANY XRAY FILMS, CAT SCANS, OR OTHER TESTS PERFORMED AT FACILITIES OTHER THAN AULTMAN HOSPITAL. **YOUR PHYSICIAN SENDS THE REPORT ONLY. OUR PHYSICIANS NEED TO REVIEW THE ACTUAL FILMS OR DISKS.**