



Dear Patient:

Welcome to The Heart & Vascular Institute of Florida. You have been scheduled for a cardiac evaluation in our office on _____, at _____. We look forward to seeing you and ask that you take a moment to read over the following information which we hope will be of assistance in planning for your visit.

PLEASE BRING THE FOLLOWING WITH YOU AT THE TIME OF YOUR APPOINTMENT:

1. Referral or authorization, if required by your insurance
2. Insurance card(s)
3. All of your medications in their original bottles
4. Medical Records
 - Office visits, hospitalization records, EKG, Echocardiogram, Stress test reports, Catheterization and/or angioplasty reports, Surgery reports, etc.
5. The enclosed five-page patient information sheet **must be completed** before your appointment date and brought with you at the time of your appointment.

Cancellations: We ask that you give our office at least 24 hours notice if it becomes necessary to cancel your appointment. There may be a charge billed to you for missed or canceled appointments without at least a 24-hour notice, except under unusual circumstances.

Office Locations:

**Bayfront Medical Plaza
Suite 400**
603 Seventh Street South
St. Petersburg, FL 33701
Phone: 727-329-1600
FAX: 727-329-1694

**Pasadena Medical Plaza
Suite 300**
1615 Pasadena Ave S.
Pasadena, FL 33707
Phone: 727-490-3030
FAX: 727-345-5972

**Northside Hospital
Suite 200**
6006 49th St North
St. Petersburg, FL 33709
Phone: 727-490-2100
FAX: 727-544-7389