



Northwest Cardio-Vascular Associates S.C.

Roger G. Nissen, M.D., F.A.C.C.
Manjeet Sethi, M.D., F.A.C.C.
William S. Suhr, M.D., F.A.C.C.
Michael R. Bauer, M.D., F.A.C.C.
Alan M. Spiegel, M.D., F.A.C.C.

WELCOME TO OUR PRACTICE!

The Center for Specialty Medicine
880 W. Central Road • Suite 7100
Arlington Heights, IL 60005

YOUR APPOINTMENT IS SCHEDULED FOR:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

DATE: _____ AT _____ A.M.
 P.M.

WITH:

DR. NISSEN DR. SETHI DR. SUHR DR. BAUER DR. SPIEGEL

TESTING: STRESS (TREADMILL) NUCLEAR STRESS (TREADMILL)
 NUCLEAR STRESS (Pharmacological) 2D ECHO ECHO STRESS (Treadmill)
 OTHER _____

ITEMS TO BRING WITH YOU TO YOUR VISIT:

- The attached forms filled out (**PLEASE FILL OUT THE PATIENT INFORMATION FORM ON THE REVERSE SIDE AND BOTH SIDES OF THE PATIENT HISTORY FORM**)
- Your current insurance card(s)
- A photo I.D.
- Any laboratory results you may have
- Recent EKG, Stress Tests or Echocardiograms. If these are not available to you please have your ordering physician mail or fax them to us in time for your appointment.
- Any Physician Medical Records you may have

It is VERY important for you to bring your insurance card(s) and a photo I.D. for copying and any co pay. We **MUST** have these at your visit.

Please verify with your insurance company that we are a participating provider by calling your insurance company.

If you are part of a HMO a referral is **REQUIRED** at the time of your visit.

There is a \$35.00 charge for failure to cancel an appointment without a 24 hour notice.

We look forward to seeing you. If you have **ANY** questions, please call our office.

Sincerely,

The Doctors and Staff of Northwest Cardio-Vascular Associates, S.C.



Phone: (847) 392-7810 Phone: (847) 870-8030 Fax: (847) 392-7834
www.northwestcardio.com

PLEASE TURN OVER

