

CHECK LIST OF ITEMS TO **BRING** WITH YOU ON YOUR VISIT

- PHARMACEUTICAL RECORDS FROM PAST SIX MONTHS
(ASK YOUR PHARMACY TO FAX THESE TO 513-956-3202)
- LIST OF ALL MEDICAL ALLERGIES
- LIST OF ALL MEDICATIONS TRIED IN THE PAST
- LABS
 - BLOODWORK – RECENT
 - MRI – FILMS AND REPORTS
 - CATSCAN – FILMS AND REPORTS
 - X RAYS – FILMS AND REPORTS
- INSURANCE CARD
- DRIVER'S LICENSE
- PAYMENT OF \$400.00**
 - CASH
 - VISA
 - MASTERCARD

PLEASE *DO NOT* WEAR ANY PERFUME OR COLOGNE THE DAY OF YOUR APPOINTMENT DUE TO PATIENT AND STAFF ALLERGIES AND CHEMICAL SENSITIVITIES.

PLEASE *DO NOT SMOKE IN THE CAR* ON YOUR WAY TO THE OFFICE.

ALSO A REMINDER:

IF YOU NEED TO CANCEL YOUR APPOINTMENT FOR ANY REASON, WE SET ASIDE 2 HOURS FOR YOUR VISIT AND WE REQUIRE **AT LEAST A 72 HOUR** NOTICE OR YOU WILL BE CHARGED \$100 FEE FOR THIS RESERVED TIME.