

**ENT**  **HEAD & NECK**  
 Ear • Nose • Throat Specialists, P.C.

PEDIATRIC & ADULT OTOLARYNGOLOGY • HEAD & NECK SURGERY

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**YOU MUST BRING WITH YOU:**

- \_\_\_ **Completed** paperwork in this packet
- \_\_\_ Insurance Cards + Co-pay
- \_\_\_ If you have blood test results, CT, x-ray reports (**ACTUAL CD/Disc (CT/MRI)**) related to this visit, it is your responsibility to obtain these results
- \_\_\_ **Current Medication List**

**Radiology Department Contact Numbers:**

- Reading Hospital 484-628-4444
- St. Joseph Hospital 610-378-2247
- Diagnostic Health 610-478-8797
- Surgical Institute of Reading 610-378-8800

Dear \_\_\_\_\_:

Welcome to our practice! This will confirm the appointment that has been made for you. **PLEASE COMPLETE THE ENCLOSED FORMS AND BRING THEM WITH YOU TO YOUR APPOINTMENT.**

**If you had a recent CT scan, sleep study, MRI, x-rays or lab work related to your visit, we request that YOU pick up the CD/Disc plus the report and bring this with you the day of your visit.** Any reports that your primary care physician can fax to us prior to your visit, will again be helpful. These reports are an essential part of your medical history and are critical to efficient delivery of care.

Many insurance plans require a referral. Please check with your insurance carrier if a referral is required. If so, please contact your primary care physician. **Please be sure you have obtained all the proper insurance referrals prior to your appointment. Co-payments are due at the time of service.**

**New patients are asked to arrive 15 minutes prior to your appointment with all paperwork completed before you arrive to the office.**

Please arrive at \_\_\_\_\_.

Your appointment time(s) are: \_\_\_\_\_ at \_\_\_\_\_ AM/PM  
 \_\_\_\_\_ at \_\_\_\_\_ AM/PM

- Patients arriving 15 minutes late or more, arriving without the actual CD/Disc, reports or referrals may be asked to reschedule
- Patients under the age of 18 must be accompanied by a parent or legal guardian.
- Appointments must be cancelled 24 hours prior to scheduled appointments. A fee of \$35 will be charged for cancellations, changes and no shows.

We look forward to having you as our patient. If you have any questions prior to your appointment, please do not hesitate to contact our office at 610-374-5599.

10-10-16 revision