

APPOINTMENT INFORMATION

APPT FOR _____	DATE OF APPT _____ TIME OF APPT _____ AM PM <i>IF UNABLE TO KEEP YOUR APPOINTMENT, KINDLY GIVE 24 HRS NOTICE</i>
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INITIAL VISIT INSTRUCTIONS

1. Please do not wear perfume or cologne of any type to the office.
2. Plan on being in the office for at least three to four hours.
3. Arrive thirty minutes before your appointment time to complete any additional paperwork that may be necessary.
4. Bring a list of current medications, vitamins, and supplements.
5. Urine specimen, there are several tests that may require first morning urine and this allows enough for tests:
 [ADULTS] Bring your first morning urine in a clean, closed container labeled with patient's name.
 [CHILDREN] Parents please bring child's first morning urine the day of and day before appointment in a clean, closed container with patient's name. The urine from the day before needs to be refrigerated.
6. Fasting, Please fast and drink a lot of water.
 [ADULTS] Please fast and drink a lot of water.
 [CHILDREN] DO NOT need to fast but have them drink a lot of water.
7. Bring photocopies (for us to keep) of any recent medical records, including lab work.
8. If the new patient is a child, please bring his or her immunization record.
9. Our office is kept cool, so a light jacket may be needed.
10. Our office hours are Monday-Thursday from 7:00am - 5:30pm.

All charges are payable at the time of service. We accept cash, personal check, MasterCard, Visa, American Express or Discover. Dr. Cave does not accept insurance benefits. We have opted out of the Medicare program. Therefore, there will be no reimbursement for Medicare patients.

A fee of \$125.00 will be charged to the patient's credit card if they do not show up for a scheduled/confirmed appointment. *Credit card information will be given prior to first appointment*

DOCUMENTATION CHECKLIST

- FORM 1 - Initial Visit Information, Instructions, and Checklist
- FORM 2 – Policies and Procedures
- FORM 1 - Patient Information
- FORM 2 - Medication and Supplement list
- FORM 3 - Medical Provider Information
- FORM 4 - Pharmacy Information
- Recent medical records – bring a copy photocopies (for us to keep), this includes lab work and for children their immunization records