To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: New Patient Packet

**Appointment Date and Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:** 1400 Dowell Springs Blvd, Suite 340, Knoxville, TN 37909 (Please enter on the Knoxville Comprehensive Breast Center side of the building)

**Parking:** Parking is available in front of our building free of charge.

Please complete the enclosed new patient paperwork. Please bring a complete medication list including prescription, vitamins, and over the counter medications and your medication bottles with you to your appointment so we can obtain an accurate medication list.

If you have any questions or need help completing the forms, please call our office at (865) 888-9494 ext. 202.

**Please arrive at least 15 minutes before your scheduled appointment time.**

**To bring on the day of the Appointment:**

\_\_Bring ALL prescription, vitamins, and over

the counter medications IN THEIR ORIGINAL

BOTTLES.

\_\_Bring your insurance cards

\_\_Bring a photo ID

\_\_Bring copies of your Healthcare Power of

Attorney and Living Will

\_\_ PLEASE WEAR YOUR HEARING AIDS

AND/OR GLASSES!

\_\_Bring any medical records and imaging disks

**To complete before the Appointment:**

\_\_Patient Consent Form

\_\_Office Policies

\_\_Privacy Practices and Acknowledgement

\_\_Release of Medical Records Authorization

\_\_Patient Information Sheets

Thank you!