



Dear Sir or Madam,

You have an appointment at the Interventional Spine & Pain Center (ISPC) for evaluation and assistance with your pain problem. We look forward to meeting you and helping you achieve the highest level of comfort possible. In order to do this properly, it is essential that we learn as much about you as we can. Pain is a very complex matter and we have found it essential to know as many things as possible about you that you may not consider as important.

Enclosed you will find a packet of new patient registration documents. Prior to your first visit, it will be helpful to complete these forms. Although some seem lengthy, the information you provide is necessary to fully understand your individual situation. **PLEASE READ EACH QUESTION CAREFULLY AND ANSWER EACH AND EVERY QUESTION.** Also, please sign each form where indicated and bring them all with you to your appointment.

The information you provide is kept confidential for ISPC use only, and cannot and will not be released to anyone else without your specific written permission.

Additionally, please bring any MRI's, X-rays, or tests results related to your problem along with a list of your current medications. It is imperative that you bring your current insurance card and driver's license or form of identification. Failure to bring your insurance card and an ID will result in cancellation of your appointment. If you have specific insurance questions it would be helpful to check with your insurance company and review your benefits prior to your appointment. Our staff will also be available to help you with your questions. All necessary referrals must be received prior to your appointment, or you will not be able to be seen, this is your insurance company's policy.

In the meantime, please know that we are highly committed to our patient's long term comfort and well-being. We will make every effort to ensure each visit is pleasant and beneficial to your needs.

Should you find you are unable to keep your appointment please give at least 24 hours prior notice so we can provide this time to another patient in need.

Thank you in advance for your help.

Sincerely,

Vivek A. Manocha, MD

**Your Appointment is scheduled at:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Interventional Spine & Pain Center<br>52 Remick Blvd., Springboro, OH. 45066<br>Phone (937) 619-0724/ Fax (937) 619-0400 | <input type="checkbox"/> Interventional Spine & Pain Center<br>55 Elva Ct., Vandalia, OH. 45377<br>Phone (937)-619-0724 / Fax (937)-619-0400 | <input type="checkbox"/> Interventional Spine & Pain Center<br>7034 Corporate Way, Centerville, OH. 45459<br>Phone (937) 619-0724/ Fax (937) 619-0400 |
|---|--|---|