

Geetha M. Reddy, M.D. F.A.C.C.

Date: _____

Dear _____,

We appreciate your selection of our office for your care. You are currently scheduled on

_____ at _____ in our _____ location. Please arrive 30 minutes prior to your appointment. We ask that you please complete the New Patient forms prior to your appointment. In this packet you will find the following forms that need to be completed prior to your appointment :

- Patient Demographic Sheet
- History Forms(3)
- HIPAA Consent

Initial visits usually take approximately one and a half hours. We ask that you please bring the following items to your appointment:

- Registration Packet
- List of medications you are currently using.
- Insurance card
- Picture Identification Card

If your insurance plan requires you to have a referral for this visit, please check with your primary care physician for the referral prior to this visit. If you need help with coordinating your referral please do not hesitate to call our office. Co-pays are collected at the time of service. If for any reason you are unable to keep this appointment please call our office to reschedule.

Sincerely yours,

Geetha M. Reddy, M.D., F.A.C.C. and Staff

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Libertyville, IL – 60048

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Gurnee, IL 60031

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