

Heart, Vascular & Vein of Tampa Bay
Consultative, Diagnostic & Interventional Cardiac, Vascular & Venous Disease

Thank you for choosing Heart, Vascular & Vein of Tampa Bay. Enclosed, you will find **patient registration forms**. Please fill out these forms and bring them with you at the time of your office appointment date: _____ time: _____ at the location below:

Sun City Center Office
1901 Haverford Avenue
Sun City Ctr., FL 33573
(813) 755-3500

Brandon, FL
625 West Lumsden Road,
Brandon, FL 33511
(813) 755-3500

Riverview Office
10141 Big Bend Road,
Riverview, FL 33578
(813) 755-3500

LOCAL PHARMACY NAME: _____

PHARMACY ADDRESS: _____

PHARMACY TELEPHONE: _____

MAIL ORDER PHARMACY NAME: _____

Please bring the following with you:

- 1) The patient's insurance or Medical card
- 2) Authorization or referral if required
- 3) All current medications (bottles)

ATTENTION: ***Heart, Vascular & Vein of Tampa Bay provides you with the highest quality care. We therefore ask that you bring all related HOSPITAL RECORDS and/or MEDICAL RECORDS i.e., recent LABS, PROCEDURES, SURGERIES OR TESTING since your last office visit.***

If you are new to our practice, PLEASE BRING ALL RECORDS PERTAINING to your CARDIAC HISTORY as your appointment may need to be rescheduled without these records.

Please arrive 15 minutes prior to appointment.

Thank you for allowing us to assist in your care.

Heart, Vascular & Vein of Tampa Bay.