



TEL (301) 337-9766
FAX (240) 715-9125
www.marylandcardiaccare.com

Thank you for choosing Maryland Cardiac Care. We look forward to working with you.

Please arrive 10-15 minutes prior to your appointment time to allow sufficient time for the registration/check in process. Please have the following forms completed, and bring a **photo ID, your insurance card(s), Rx card**, and any co-pay that is needed.

Please bring in a **list of your medications** with dosages, as well as any recent blood work and/or testing. You can also have your doctor's office fax the information to us ahead of time. **Our fax number is (240) 715-9125.**

If your insurance company requires a **referral** to see a specialist, please bring it with you or have your doctor fax it to us ahead of time to (240) 715-9125.

If you are having any type of testing done such as an ECHOCARDIOGRAM or STRESS TEST, bring a **written order** (this is different from a referral) with specific instructions on what type of testing is needed. Without this specific order, we may not be able to perform the test.

Do not mail this packet back to us. Fill out the following pages to the best of your ability and bring it with you to the person at the front desk when you check in for your appointment.

Please contact us at **(301) 337-9766** if you have any questions or need to reschedule or cancel your appointment.

We appreciate your cooperation and look forward to seeing you.

Thank you.

Maryland Cardiac Care, LLC