



Welcome to Midwest Pain & Spine!

We ask that you arrive at least 30 minutes before your scheduled appointment time to finalize your new patient paperwork with our staff.

Please complete and bring the Patient History & Physical form accompanied with this letter to your appointment, along with your health insurance cards, and photo ID. This information will be used by our physicians and our staff during your appointment.

In addition, it is very important that you also bring all written medical reports and/or diagnostic films taken in the last 12 months with you to your appointment. (Example: MRI's, C/T Scans, EMG Reports, etc.)

While our staff is more than willing to assist you in acquiring your medical records; ultimately it is your responsibility to assure that your medical information is available at the time of your appointment. Our physicians use this information to provide you with the highest level of quality care and treatment.

Your appointment is scheduled on

_____ date, at _____ : _____ am/pm in our Carmel office:

Midwest Pain & Spine, LLC
12289 Hancock Street, Suite 34
Carmel, IN 46032
Phone (317) 815-8950 • Fax (317) 815-8951
www.midwestpain.net

Thank you in advance for your cooperation in giving us all the necessary information. By doing this, we hope to ensure your experience with our practice is a pleasant one.

On behalf of the physicians and staff of Midwest Pain & Spine, we look forward to assisting you with the treatment and care of your spine and pain needs.

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