



Patient Name:

You have been scheduled with:

Appointment Date

Appointment Time

Please plan to arrive 30 minutes prior to your scheduled time

Office Location:

Before your appointment date:

1. Please be sure your primary care physician has provided us with all pertinent test results (X-Rays, Labs). Our fax number is (317) 865-2954.
2. If your insurance company requires prior authorization, please contact your primary care physician to obtain this referral.
3. If you need to cancel or reschedule please call (855)444-2778 or (855)IGH-APPT.

Bring the following to your appointment:

1. Insurance Card(s) and Photo ID. (Lack of Insurance Card could result in payment at time of visit or reschedule)
2. A list of all current medications along with dosages and when you take them.