
Welcome to Providence Spokane Cardiology

On behalf of the entire staff, we would like to welcome you. We look forward to providing an office environment and provider relationship that meets you and/or your family's cardiac needs.

Providence Spokane Cardiology has 37 providers and continues to grow. To help serve our patients and communities, we have clinics in five different locations. We pride ourselves in knowing your care will be monitored by our team of Cardiologists and Advanced Practice Providers (APPs). Our APPs and their advanced training in Cardiovascular Disease has allowed us to handle our patients care with a team approach. Our APPs collaborate with our Cardiologists to provide the best care to our patients in a variety of clinical settings. Your consultation may be scheduled with one of our APPs, this not only extends your support by the APP but it also allows more patient's access to a Cardiology consult. Routine visits in general rotate between the APP and your assigned Cardiologist. Because our APPs work alongside a Cardiologist, they are able and willing to seek assistance if your problem requires more indepth care. Our goal is to provide you with outstanding service.

Your trust in our knowledge and expertise is very important to us.

The day of your appointment

- Please bring a mask with you to your appointment, it must be worn when in the building
- Check-in is **15 minutes** prior to your scheduled appointment time
- Copay or deposit amount is due at the time of service (We DO NOT accept Cash or Check)
- Bring your insurance card(s) and photo ID
- Bring all non-narcotic medications in their **original containers** and a list of your narcotic medications ○ Please **do not** bring in any of your narcotic medications with you

If you need to cancel or reschedule your appointment, please give us **24 hours'** notice

- Call 509-455-8820 or 1-800-755-5857 Monday-Friday 730am-500pm ○ Option 3 for Scheduling

Enclosed are our patient registration forms. Please complete these forms to the best of your knowledge and bring with you on the day of your appointment.

- Your Scheduled Appointment Date, Time and Location
- MyChart Information Pamphlet
- Narcotic and Allergy List

We look forward to meeting you.

Sincerely,

The Spokane Cardiology Group

Scheduled Appointment(s)

Thank you for taking the time to schedule with us, below you will find your scheduled appointment(s) date, time and location. If you need to cancel or reschedule your appointment, please give us 24 hours' notice

- Call 509-455-8820 or 1-800-755-5857 Monday-Friday 730am-500pm ○ Option 3 for Scheduling

- **1st Scheduled Appointment**

For a: _____ With: _____

Date: _____ Arrival Time: _____ Appointment Time: _____

Spokane Heart Institute
62 West 7th Ave Ste. _____
Spokane, WA 99204

Holy Family Medical Building
212 E Central Ste. 240
Spokane, WA 99208

Valley Medical Center
2315 8th Street
Lewiston, ID 83501

Providence Medical Park
16528 E Desmet Ct. Ste. B3200
Spokane Valley, WA 99216

Spokane Cardiology Outreach Clinic:

Clarkston Office
808 Port Drive
Clarkston, WA 99403

Spokane Heart Institute - Diagnostics
62 W 7th Ave Ste. 230
Spokane WA 99204

Holy Family Medical Building - Diagnostics
212 E Central, Spokane, WA 99208
***Check in at the MAIN ADMITTING desk on the 1st floor**

- **2nd Scheduled Appointment**

For a: _____ With: _____

Date: _____ Arrival Time: _____ Appointment Time: _____

Spokane Heart Institute
62 West 7th Ave Ste. _____
Spokane, WA 99204

Holy Family Medical Building
212 E Central Ste. 240
Spokane, WA 99208

Valley Medical Center
2315 8th Street
Lewiston, ID 83501

Providence Medical Park
16528 E Desmet Ct. Ste. B3200
Spokane Valley, WA 99216

Spokane Cardiology Outreach Clinic:

Clarkston Office
808 Port Drive
Clarkston, WA 99403

Spokane Heart Institute - Diagnostics
62 W 7th Ave Ste. 230
Spokane WA 99204

Holy Family Medical Building - Diagnostics
212 E Central, Spokane, WA 99208
***Check in at the MAIN ADMITTING desk on the 1st floor**

Narcotic and Allergy List

Please complete to the best of your knowledge.

Patient Name: _____ D.O.B: _____
 (First) (Last)

Please list all narcotic medications (Codeine, Hydrocodone, Oxycodone, etc.). Only bring non-narcotic prescriptions, over the counter medications and herbal or supplements to your appointment in their original containers.

<u>Narcotic List Name</u>	<u>Dose</u>	<u>When is it taken</u>	<u>Route</u>
▪ _____	_____	_____	_____
▪ _____	_____	_____	_____
▪ _____	_____	_____	_____
▪ _____	_____	_____	_____
▪ _____	_____	_____	_____
▪ _____	_____	_____	_____

DO NOT BRING THESE MEDICATIONS TO YOUR APPOINTMENT! All other medications should be with you at time of appointment in the original bottles

Please list any known medication allergies.

<u>Medication Allergies</u>	<u>Reaction</u>
▪ _____	_____
▪ _____	_____
▪ _____	_____
▪ _____	_____
▪ _____	_____
▪ _____	_____