

This welcome packet is for _____

**Thank you for choosing the Berman Brain & Spine Institute
and LifeBridge Health for your healthcare needs!**

You are scheduled for a transcranial Doppler (TCD) study.

on _____, _____, 20 _____ at _____ am
day of the week month and day pm

You are expected to arrive at your registration time _____ am
 pm

- ➡ You will receive an automated reminder call 48 hours prior to your appointment.
- ➡ **You are expected to arrive at the registration time above.**

Things You Must Know or Do

1. Read the pages of this packet:
 - a. Directions and map
 - b. **Important instructions**
 - c. The forms in this packet must be completed and signed **before** your visit and brought with you when you come (**do not mail them**).
2. To print more copies of this packet, go to www.lifebridgehealth.org/NeurologyAppointments.
3. Minors **must be** accompanied by an authorized adult
4. Complete and sign the forms in this packet **before** your visit and bring them with you when you come (**do not mail them**).
5. If your insurance company requires you to obtain a referral, **it is your responsibility to do so.**
6. If you do not arrive in sufficient time to allow for registration or if you do not bring a required referral, **your appointment may be rescheduled.**
7. Please bring cash or credit card for parking.

Things You Must Bring

1. Insurance card
2. Photo ID
3. Referral, if necessary, and/or authorization from requesting physician.
4. Completed and signed pages of this packet.
5. A list of current medications (last page of this packet) or bring your medication bottles.

If you have any questions please call us at **410-601-9755**.

We look forward to caring for you.