



**CARDIOVASCULAR  
SOLUTIONS**  
INSTITUTE

Gino Sedillo, MD, FACC, FACP

Date: \_\_\_\_\_

Phone: (941) 747-8789  
Fax: (941) 747-8711

Dear: \_\_\_\_\_

Your appointment has been scheduled for \_\_\_\_\_  
at \_\_\_\_\_ a.m./p.m. We are located at **2210 61<sup>st</sup> St W, Bradenton, FL 34209.**

Enclosed you will find the registration forms we need for your appointment. You should complete all information and bring these forms with you to the appointment. Please arrive in our office to check in 15 minutes prior to your appointment. If you have **NOT** completed your paperwork, please arrive 30 minutes prior to your appointment.

**Please sign below to acknowledge that your appointment will be rescheduled if you arrive more than 15 minutes past your appointment time.**

|       |           |      |
|-------|-----------|------|
| PRINT | SIGNATURE | DATE |
|-------|-----------|------|

**PLEASE BRING THE FOLLOWING TO YOUR APPOINTMENT:**

- Completed patient registration forms (note: medical history form is front and back)
- Health insurance card and photo identification
- List of medications you are currently taking
- Any past medical records (if you have not requested they be sent prior to your appointment)
- Referral from your Primary Care Physician, if required by your insurance plan
- Copay, unmet deductible and coinsurance, or payment in full (we accept all major credit cards, check, or cash)

**PLEASE NOTE: ALL COPAYS, DEDUCTIBLES AND COINSURANCE ARE DUE AT THE TIME OF SERVICE.**

You will receive a call from our office 1-2 days prior to your appointment to confirm. Appointment must be confirmed.

If you must cancel or reschedule your appointment, please call our office (941) 747-8789 at least 24 hours prior to your scheduled appointment.

Thank you,  
Cardiovascular Solutions Institute