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Specializing in Cardiovascular Medicine

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NEW PATIENT FAX COVER SHEET

FAX TO: 860-242-3052

This fax includes ____ pages (including cover sheet).

RE: My patient forms

From: _____

Date: _____

My visit is scheduled for _____.

To expedite my check in, I am faxing the following forms:

____ Registration Form

____ Complete Medical History

____ Acknowledgement of Receipt of Privacy Practices (Privacy Practices can be found on our website).

____ Financial Policy

If you have any questions about my forms, prior to my arrival please contact me at telephone number _____.

If you are unable to fax your documents please mail them to:

Cottage Grove Cardiology, PC
711 Cottage Grove Road
Bloomfield, CT 06002-3060

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