



Roosevelt Surgical Associates, Inc.

General and Vascular Surgery

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Diplomate, American Board of Surgery

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Heather H. Adkins, M.D.

Dear Patient:

We welcome you to our practice.

Please download and print a copy of our **REGISTRATION FORM, OFFICE POLICY, and HISTORY FORM & CONSENT TO OBTAIN PATIENT MEDICATION HISTORY, and HIPAA FORM.** Please complete, sign, and date each one of these forms prior to your office appointment. Please use a blue or black ink pen, **not a pencil.** Please bring the **completed** forms with you at the time of your office appointment: This should improve our service to you and shorten wait time for all.

Please remember to write in your medications and the dosage for each one on the Surgical History and Medical Information Form.

Please bring your insurance card(s) with you at the time of your appointment. You must also bring a driver's license or picture ID with you at the time of your appointment.

If your insurance requires a referral for you to be seen in our office, please be sure that your primary physician has done the referral for you and has either faxed it or mailed it to our office prior to your appointment date.

Copay or deductibles are due at the time of your appointment.

Our West Chester and Middletown offices will accept Visa, Discover, and Mastercard for amounts of \$5.00 or more.

Sincerely,

Roosevelt Surgical Associates, Inc.

SO THAT WE MAY ASSIST OUR PATIENTS IN A TIMELY FASHION, IF YOU MUST CHANGE OR CANCEL YOUR APPOINTMENT, WE ASK THAT YOU NOTIFY US AT LEAST 48 HOURS IN ADVANCE. IF YOU DO NOT SHOW FOR YOUR APPOINTMENT, YOU WILL BE CHARGED \$50.

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Satellite Office:
7798 Discovery Dr., Ste B
West Chester, Ohio 45069
(513) 759-6300