

Ardavan M. Aslie, M.D.

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NEW PATIENT APPOINTMENT FORM

Patient Name: _____

Date of Appointment: _____

Time of Appointment: _____

Welcome to Dr. Aslie's office!

Please take the time to fill out this paperwork and bring it with you to your appointment. If you are unable to keep this appointment, kindly give 24 hours notice. No-shows will not be rescheduled.

If you do not speak English, please bring an interpreter 18 years of age or older or your appointment will be rescheduled. Please do not bring small children with you to your appointment.

Things you need to bring:

1. **Photo ID.**
2. **All insurance cards.** If your insurance requires a referral and/or prior authorization, it is your responsibility to be sure those have been obtained prior to each visit.
3. All **co-pays** are due at the time of visit. We do not have a credit card or ATM machine in the office. Checks and cash only please.
4. Please bring a list of all **present medications.**
5. **MRI films and/or any x-ray films.**

We look forward to seeing you at your scheduled appointment!

ARDAVAN M. ASLIE, M.D. and staff