



Cardiology & Arrhythmia Consultants, Inc.

Medical Tower Building
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Administrator

Peggy H. Newby, RN, BSN, CMOM

Date: _____

Dear: _____

Your physician has scheduled an appointment for you in our office on _____
at _____ a.m./p.m. We are located in the Medical Tower Building, 400 Gresham Drive, Suite 507
directly across from the Sentara Norfolk General Emergency Room.

Enclosed you will find the registration forms we need for our first appointment. You should complete all
information and bring these forms with you to the appointment. **Please arrive in our office to register at**
_____ a.m/p.m. **If you are late for your appointment, you may have to reschedule.**

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
- All medications you are currently taking
- Any medical records your doctor has asked you to bring with you
- Someone to help you in and out of the office and with giving the doctor information about the problem, if
you will need assistance
- Managed care referral forms, if required by your insurance plan
- Copay, unmet deductible and coinsurance, or payment in full (we accept MasterCard, VISA, your personal
check, or cash)

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

If you have any questions or concerns you would like addressed, please write them down and bring the
questions with you to your scheduled appointment.

If you must cancel or reschedule your appointment, please call our office (757-624-1788) a minimum of 2 days
in advance. This will allow us enough time to call someone on the waiting list.

Thank you,
Cardiology & Arrhythmia Consultants, Inc.