

## Center for Pediatric Neurosurgery & Neuroscience

In affiliation with the University of South Florida

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

Appointment date: \_\_\_\_\_

To the parents of: \_\_\_\_\_

Review the following information and sign below

- Bring radiographs, CT's, MRI's and/or disk to your child's appointment
  - We will reschedule your appointment if you are unable to obtain the above mentioned

**NOTE:** We can **only** obtain films taken at all Children's Hospital. Please pick up films if they were done elsewhere. These films are not mailed to our office.

- Call your child's insurance company to ensure coverage
- If an authorization or referral is necessary, please obtain it and fax it to the number below 2 days before the office visit, or give us a 10 working days notice if we need to obtain it for you
- Your appointment will be rescheduled if we do not receive adequate time to obtain the authorization or referral

**NOTE:** Your child's appointment may be canceled, delayed or rescheduled to a later time if our doctors are called out for emergency surgery.

- We may reschedule your child's appointment if you are late
- If you are detained in radiology your waiting time in our office may be prolonged
- Each patient has special needs, we appreciate your patience if your appointment is delayed

If you have questions please contact our office Monday through Friday, 8:30am - 5:00pm

❖ Please bring the following to your child's appointment:

- ✓ Insurance card(s), identification (state identification, driver's license)
- ✓ Completed paperwork to avoid delays
- ✓ Other: \_\_\_\_\_

Thank you for allowing us to care for your child.

\_\_\_\_\_  
Signature of patient, parent, or guardian (as applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient