

Golden Triangle Neurocare, L.L.P.

Mark J. Kubala, M.D. Ian F. Angel, M.D. Erwin Lo, M.D.

Marco T. Silva, M.D. Andy Vaughan, PA-C Appointment Confirmation

Date:				
has been referred by Dr.				
For an appointment with the	following <u>Neurosurgeon</u> :	🛚 Dr. Angel	⊕ Dr. Kubala □ Dr. Lo	Dr. Silva
Date: *Note appointment time may				□pm lules*
Check list of items to	, ,		•	
□ New patient forms (enclose	sed) <u>completed</u> using blac	ck ink (this will	expedite your first visit w	ith us)
☐ Drivers license or photo	id			
☐ Insurance cards (be aware	e that the co pay and services	for a specialist of	liffer from those of your P	CP)
☐ Copies of reports and ac relating to the reason for yo those by computer at our office v appointment)	our office visit (if your stud	ly was performe	d at Christus St E, we will	be able to access
***it is imperative that yo integral part of the decision appointment may be resche you need to pick them up, p	s made by the Neurosur duled if they are not ava	geon in your t ilable for you	reatment plan of care r appointment, if uns	e, your ure whether
We look forward to meeting	g you.			
Physicians & Staff Colden	Triangle Neurocare			