



Phone (407) 730-3627  
Fax (407) 423-3817

**DOWNTOWN OFFICE**

1814 Lucerne Terrace  
Orlando, FL 32806

**SANDLAKE**

9430 Turkey Lake Road, Ste 118  
Orlando, FL 32819

---

**Danelle K. Chambers, MD**  
**Michael B. Freeland, MD**

**Alberto F. Padron, MD**  
**Tina M. Bruefach, PA-C**

Dear Patient,

Please provide the office receptionist with the following clinical, patient information and insurance documents at the time of your office appointment:

1. Your insurance card(s) and driver's license
2. X-rays, scans, ultrasounds etc. with written reports, pertinent to your surgical problem.
3. The attached Patient Information Forms (3) -- completed, please.

We would like to make you aware that your initial office visit is a **CONSULTATION ONLY**. Any necessary surgical services will be scheduled for a later date.

**(Failure to Provide the Above Information Could Cause Your Appointment to Be Rescheduled)**

**We recommend that you contact the facility that performed your radiology (x-rays, scans) at least one day (24 hours) prior to picking them up to allow adequate time for preparation. You must bring the films and written reports with you to the first visit.**

If your insurance requires prior authorization for office visits (i.e. PPO's and HMO'S) it is your responsibility to make sure that your insurance company has been notified. This may require you to call your primary care physician and verify that authorization has been given for you to see one of our physicians. If prior authorization is not obtained you may be responsible for any charges incurred.

You may call our office between the hours of 8:30 AM and 5:00 PM ,Monday – Thursday, or 8:30 AM – 3:00 PM on Friday should you have questions regarding these instructions.

We appreciate your cooperation.

(Please see reverse side)

Please fill out the entire package of forms, front and back when indicated. These **MUST BE COMPLETED WHEN YOU ARRIVE**. Bring your medical insurance cards, x-ray films and reports, and authorization number from your primary care physician if needed, and come to the office 15 minutes prior to your scheduled time with **ALL FORMS COMPLETE**. Failure to have these completed may result in your appointment being rescheduled.

Thank You.

\*\*\*\*Quite often our schedule runs behind. It is the nature of a specialty surgical practice to spend more time with patients who have serious medical/surgical problems. It is hard to judge the amount of time needed when scheduling and often family members come and need additional time with the physicians. We do not like to upset our patients and we hope that you will be patient and understanding, as the need for more time may at some point apply to you or your family member.