



Harsh Govil, MD, MPH, DABPM, DABIPP Fellowship Trained & Board Certified in Pain Medicine

Patient Name:		MRN#
	o use proven, evidence b	ortunity to evaluate and begin management of your ased treatment to manage your pain so that you life.
We look forward to meeting	you & helping you in the	e near future, and have scheduled an appointment
for you on:		
Day	Date:	Time:
☐ Statesville Address: 1404, Fern Creek Drive Statesville, NC - 28625		☐ Mooresville Address: 359, Williamson road Mooresville, NC - 28117
paperwork prior to your a providing a thorough medic	ppointment and present al history, we can collaborate	tient Registration Packet. Please complete the it to the receptionist at the time of check-in. By rate with you to provide the best possible care. their scheduled appointment time. Any arrivals
after appointment time will	_	
Please be advised that New accordingly. Please bring th		lly 2-hours long, therefore you should plan ith you:
2. Co-payment req	ce card - Primary Insurance particular by your insurance particular bottles with content of the	•
	this information, please co the opportunity to ensure	ontact our office immediately at 704-978-4025 with coverage for your visit and avoid any unnecessary

As a courtesy, we ask that you give us at least <u>24-hour notice</u> if you are unable to keep your appointment. This will allow us to give the appointment to another patient in need.

We will make every effort to ensure that your visit is pleasant and beneficial to your needs. Thank you for working with us to enhance your treatment and for taking the steps to improve your quality of life.

Staff of Pain & Spine Center

Office: 1404 Fern Creek Drive, Statesville, NC-28625. Phone: (704) 978-4025, Fax: (704) 978-4007