

Ronald J. Bloom, MD, FACC
Brett Nowlan, MD, FACC, RPVI, ABCL
Patrick J. Corcoran, MD, FACC, FSCAI, RPVI
Carolyn M. Kosack, MD, FACC
Tracy Patel, MD, FACC, RPVI
Maria Theresa Santos, MD, FACC, RPVI



Cottage Grove Cardiology, P.C.
Specializing in Cardiovascular Medicine

Julian Esteban, MD, MS, FACC
Jawad Haider, MD, FACC
Vincent F. Romano, MD, FACC
Lynne Benjamin, MS, APRN, BC
Erin Vincent, PA
Gabriella Smith, PA

NEW PATIENT FAX COVER SHEET

FAX TO: 860-242-3052 This fax includes ____ pages (including cover sheet).
RE: My patient forms

From: _____ Date: _____

My visit is scheduled for _____.

To expedite my check in, I am faxing the following forms:

- ____ Registration Form
- ____ Complete Medical History
- ____ Acknowledgement of Receipt of Privacy Practices (Privacy Practices can be found on our website).
- ____ Financial Policy

If you have any questions about my forms, prior to my arrival please contact me at telephone number _____.

If you are unable to fax your documents please mail them to:

Cottage Grove Cardiology, PC
711 Cottage Grove Road
Bloomfield, CT 06002-3060

CONFIDENTIALITY NOTICE The documents accompanying this telecopy transmission contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.