

Atlantic ENT LLC
Michael Widick, MD
Board Certified in Otolaryngology
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**PLEASE SIGN AND COMPLETE ALL
PAPERWORK AND MAIL BACK IN THE
PRE-STAMPED ENVELOPE ASAP.
THANK YOU**

Please mail or drop-off COMPLETED paperwork 2
business days before your appointment or your
appointment will be rescheduled.

Dear New Patient,

Welcome to our practice. Your appointment with Dr. Michael Widick is scheduled for _____. This appointment is a consultation only. Dr. Widick will review with you your past medical history, current medications, discuss your ears, nose and throat problem and examine you. If Dr. Widick orders any tests or procedures, they will likely be scheduled for a future date. Should you need to cancel or reschedule your appointment, please call us a minimum of 48 hours in advance at 321-799-9797. Missed appointments will result in a \$25 “no show fee” unless you notify the office 48 hours prior to your appointment.

We have enclosed a new patient registration form, medical history form, financial agreement and “HIPAA” privacy form for you to fill out and bring with you completed on the day of your appointment. These can be emailed to you as well. Please remember to bring your Insurance card(s), driver’s license and a list of your current medications so we can make a copy of them.

If your insurance has a co-pay and/or co-insurance, or if your deductible has not been met, payment is due on the day of service, prior to being seen by the doctor by methods of cash, check or credit card (Visa, Mastercard, Discover and American Express).

We look forward to seeing you.