



Manshadi Heart Institute
2633 Pacific Ave Stockton CA, 95204
(209) 944-5530
www.drmanshadi.com

Appointment for Echo/ Carotid ultrasound

Patient: _____ you have an appointment for an
ECHOCARDIOGRAM / CAROTID ULTRASOUND on
_____ at _____.

**Please check in for your appointment in the Testing office,
and not at the main office.**

****FOR SATURDAY AND EVENING APPOINTMENTS PLEASE SIGN IN AT OUR
TESTING OFFICE WHICH IS THE DOOR CLOSEST TO THE PARKING LOT. ONCE
YOU HAVE SIGNED IN PLEASE HAVE A SEAT AND THE TECHNICIAN WILL CALL
YOU IN ONCE SHE IS DONE WITH THE PREVIOUS PATIENT.**

**Your follow up appointment to see Dr. Manshadi is scheduled for
_____ at _____.**

**(PLEASE BRING A LIST OF YOUR CURRENT MEDICATIONS AT EACH VISIT WITH THE DOCTOR
OR BRING ALL OF YOUR MEDICATION BOTTLES)**

**PLEASE KEEP IN MIND THAT IF YOU DO NOT SHOW UP FOR YOUR
APPOINTMENT OR DO NOT CALL TO CANCEL OR RESCHEDULE THE
APPOINTMENT YOU WILL BE BILLED \$50.00 FOR EACH OF THE TEST
SCHEDULED. PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR APPOINTMENT, IF
YOU ARE LATE MORE THAN 10 MINUTES YOUR APPOINTMENT(S) WILL BE
RESCHEDULED.**

If you have a change in insurance, please be sure to notify the office in advance.

If your test is abnormal we will call you for a sooner follow up appointment.