



HealthMotive Care

**Dr. Robert Spady
Dr. Kelsey Cherepuschak
Laurie Edinger, ARNP**

YOUR APPOINTMENT IS SCHEDULED ON: _____

MOSCOW

Moscow Professional Center
619 S. Washington Suite 203
Moscow, ID 83843

PULLMAN

805 SE Clearwater Drive
Pullman, WA 99163

Phone (208) 892-1346

Fax (208) 892-8306

PLEASE BRING THE FOLLOWING WITH YOU TO YOUR APPOINTMENT:

- Insurance card.
 - Copay as required by your insurance.
- (If you do not have insurance, the payment is expected in full at time of visit.) A discount will apply.**
- Medications, vitamins and/or supplements you are currently taking.

PLEASE NOTE: Included in this packet is a records release form. Please fill out and have this form sent to previous physician's office **PRIOR** to your appointment with us. We will be happy to fax it if you are unable to send it yourself. *It is important to our doctors to give you the best care possible, and they want to have a chart filled out and ready when you come in.*

(If this packet is not completed in advance, please arrive 30-45 minutes early to complete it before your scheduled appointment time.)

WE LOOK FORWARD TO MEETING YOU!