

Patient Itinerary

Name: Paw, Gay Ney
 Address: APT 307
 284 ARLINGTON Ave W
 SAINT PAUL, MN 55117

Sex: F
 DOB: 5/08/1969
 Home Ph: 651-434-5973

Date	Time	Prov/Res	Dept	Dept Phone
1/20/16 Wed	11:00 AM	EBELING, WENDY A [23832]	SUBURBAN SQUARE PHYSICAL THERAPY	651-254-3200
<p><u>Instructions:</u> -Bring your insurance card, a picture ID and a list of medications and dose you are currently taking including vitamins. -If a copay or outstanding balance is due, you will be asked to make a payment at the time of check-in.</p>				
2/1/16 Mon	9:20 AM	JUND, KEVIN F [37098] HS KAREN/BURMESE, INTERPRETER [9999400]	HP Specialty Center Optometry	651-254-7500
<p><u>Instructions:</u> -Bring your insurance card, a picture ID and a list of medications and dose you are currently taking including vitamins. -If a copay or outstanding balance is due, you will be asked to make a payment at the time of check-in. -If you need to cancel or reschedule an appointment, please provide 24 hour notice.</p>				
2/17/16 Wed	4:30 PM	CARLSON JR, ROBERT H [22089] MY KAREN/BURMESE, INTERPRETER [9999472]	Healthpartners Center for International Health	651-647-2100
<p><u>Instructions:</u> -Bring your insurance card, a picture ID and a list of medications and dose you are currently taking including vitamins. -If a copay or outstanding balance is due, you will be asked to make a payment at the time of check-in. -If you need to cancel or reschedule an appointment, please provide 24 hour notice.</p>				
4/21/16 Thu	8:10 AM	COOPER, JONATHAN M [30606] HS KAREN/BURMESE, INTERPRETER [9999400]	HP Specialty Center 435 Orthopaedics Clinic	651-254-8300
<p><u>Instructions:</u> -Bring your insurance card, a picture ID and a list of medications and dose you are currently taking including vitamins. -If a copay or outstanding balance is due, you will be asked to make a payment at the time of check-in.</p>				

10:30 am 1/20/16