



Immergrün, Inc.

A not for profit, publicly supported institution.

Immergrün, Inc.
4334 W. Central Ave., Suite 205
Toledo, OH 43615
PHONE: 1-800-333-3561
FAX: 419-535-1527
Cindy Siedler, Administrator
www.immergrun.org

Notice of Scheduled Procedure

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DATE: _____

TO: Immergrün, Inc.

AT: 419-535-1527

FROM: _____ at _____

PATIENT'S NAME: _____ DOB: _____

PROCEDURE SCHEDULED: _____

**Please provide CPT and diagnosis codes so we can accurately quote patient:*

FACILITY: _____ DATE: _____

SURGERY TIME: _____ EST. LENGTH OF PROCEDURE: _____

PRE-OP APPOINTMENT SCHEDULED FOR: _____

TESTING ORDERED (please notify patient): _____

Notes: