



## Multiple Sclerosis Center of California®

Daniel S. Bandari, M.D, Inc.

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### Dear Patient:

Dr. Bandari and his staff would like to welcome you to the MS Center of California. We are a nationally recognized comprehensive Multiple Sclerosis clinic with state of the art diagnostic modalities, expertise in the field and most advanced treatment options, as well as extensive experience in research and clinical trials in Multiple Sclerosis. Our scientific and patient-centered approach has been the cornerstone for expert evaluation, proper diagnosis and treatments of thousands of patients thus far. We are looking forward to our pleasant, professional and rewarding relationship.

**In order to maximize the effectiveness of the allowed scheduled time at your visit, it is very important that YOU obtain and bring ALL the following records pertaining to your medical condition to your appointment:**

1. ANY recent laboratory work including blood & spinal fluid studies (CSF) if any.
2. ALL pertaining imagines specially MRIs of the Brain or Spinal Cord (Films or CDs) and their respected printed reports
3. Previous medical records printed and NOT on CD or USB.
4. Please down load and complete (or you may complete and then print them from the website) the following forms before your appointment time and bring them with you for your appointment.
  - A. Patient information & demographics (please complete and bring to the appt.)
  - B. Notice of Privacy Practice & Acknowledgment (please review the document, complete and sign only the last page and bring to the appt.)
  - C. Financial Policy (please review, complete, sign and bring to the appt.)
  - D. Health Questionnaire (please completes and bring to the appt.)
5. Please provide an accurate medication list including dosage and frequency or list them on the back of the page.
6. Active insurance card(s) and at least one form of I.D.
7. If you would like Dr. Bandari or his office staff to be able to discuss your medical condition/information with a **family member, spouse, friend or any third party**, please complete and sign the **Authorization to Disclose Medical Information form**.
8. Please arrive fifteen (15) minutes prior to your appointment.
9. We require at least a 24 hour notification for any cancellation. In an event there are two consecutive cancellations by a new patient (even with 24 hour notifications) we will require a \$ 100 retainer fee in order to hold your next appointment. This is a non-refundable fee if you are unable to keep your appointment.

Please do not hesitate to contact our office if you would prefer a hard copy of the forms be mailed to you to complete or with any questions or concerns.

We are looking forward to meeting you and provide you with highest level of care and attentions.

Sincerely,

Daniel S. Bandari, MD & Staff (MS Center of California)

**MULTIPLE SCLEROSIS. NEURO-IMMUNOLOGY. DEMYELINATING DISEASES OF BRAIN & SPINAL CORD**

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