



Date _____

Dear _____

You have been referred to our clinic by _____
for a cardiac evaluation. Your appointment is on
_____. Please arrive 15 minutes
early to fill out paperwork.

Our office is located at **310 East Broadway, Louisville, KY 40202**. We are between
Preston and Floyd Streets, across from the Norton Medical Pavilion.

Bring a photo ID, health insurance card (if you have one), and a list of your
medications. If you do not have health insurance, please fill out the enclosed
financial hardship papers to qualify for free care. Bring documentation of your
income with you.

**If you are unable to keep this appointment, please call us at 502-245-0002 no
later than _____.**

We look forward to seeing you soon.

Very truly yours,

Have A Heart Clinic