

Outpatient Information Form

Dear _____,

This is a reminder of your upcoming appointment with Marcus Stroke & Neuroscience Center. Your appointment has been scheduled for _____, in the Marcus Stroke & Neuroscience Center's Neurology Clinic, located on the 11th floor of the hospital (11C). Please report to the Neurology Clinic waiting room to check in and plan to arrive 10 minutes before your scheduled appointment time to allow for registration.

Please bring the following items with you to your appointment:

- **Updated insurance information**
- **Co-pay (if required)**
- **List of current medications**
- **All discs (CDs) or brain imaging and records from hospitals other than Grady Memorial Hospital and Emory University Health System (if applicable)**

Please call the Marcus Stroke & Neuroscience Center at (404) 778-1389 should you wish to reschedule your appointment or if you have any further questions.

***If you think a friend or loved one may be having a stroke, act FAST and CALL 9-1-1 IMMEDIATELY.
Use FAST to help you recognize the warning signs.***

F **FACE:** Ask the person to smile. Does one side of the face droop?

A **ARMS:** Ask the person to raise both arms. Does one arm drift downward?

S **SPEECH:** Ask the person to repeat a simple phrase. Is their speech slurred or strange?

T **TIME:** If you observe any of these signs, call 9-1-1 immediately.