

NAME: _____

**Your injection is scheduled on _____ at _____
at the facility indicated below:**

**PLEASE NOTE: THE SURGERY CENTER MAY CALL AND ADJUST
YOUR ARRIVAL TIME.**

Wellmont Outpatient
@ 103 W. Stone Drive – Kingsport
(P: 423-224-4910)

Bristol Regional Hospital Short Stay
@ 1 Medical Park Blvd – Bristol
(P: 423-844-4584)

Renaissance Surgery Center
@ 320 Bristol West Blvd, Suite 1 – Bristol
(P: 423-758-1030)

Your **follow up in the office** with Dr. Platt is on

_____ at _____.
Date Time