



Spine Institute of Ohio  
Josue P. **Gabriel**, MD  
ORTHOPAEDIC SPINE SURGEON

3535 Fishinger Blvd Suite 280  
Hilliard, Ohio 43026  
Phone: (614) 222-0743  
Fax: (614) 222-0744

You have been scheduled to see Dr. Josue Gabriel at The Spine Institute of Ohio.

Your appointment is scheduled for  
\_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_am / pm

It is with great pleasure that we welcome you to the Spine Institute of Ohio. We are very pleased that you have chosen our office for your healthcare needs. We look forward to offering you quality care in our friendly environment. For your convenience, we have enclosed our new patient packet. Please bring the attached forms (filled out) to your appointment.

**Please bring the following to your appointment:**

- Your New Patient Paperwork **Completed**.
- Any images (MRIs, CTs, Xrays) **ON A DISC** and radiology reports.

If you do not have a Disc of your images, please contact the facility where the images were completed to obtain this.

- **Insurance card(s)** and a **photo id**.
- Any **copayments** for you insurance.
- List of all current **medications**.
- If you are a BWC patient, please bring your BWC identification card.
- If you have an HMO insurance plan, a referral must be completed before your visit.

We look forward to meeting you and serving your medical needs.

**If you have any questions, please call our office at (614) 222-0743**

Sincerely,

The Staff at the Spine Institute of Ohio