



Armstrong Orthopedic Associates
Bert C Hepner, D.O. & Nathan T Formaini, D.O.
Matt Starr, CRNP
Randy Troup, PA-C
Jamie Brown, CRNP

77 Glade Dr
Kittanning, PA 16201

Phone: 724-545-2205
Fax: 724-545-2600

Welcome to our practice. Your appointment is scheduled for _____,
_____ at _____.

You will need to provide the following information when you come for your visit:

1. Please complete the medical forms that are included in this packet and bring them to your appointment.
2. Any patient medical records including any referring physician office records and any MRI/CT/ X-Ray reports.
3. If your MRI/CT /Xray was not done at ACMH, please bring a CD or a copy of the films with you.
4. Please bring your insurance cards and insurance referral if needed.
5. Please bring your co-pay with you to the appointment. If you do not have your co-pay we may have to reschedule your appointment.

If you are unable to keep your appointment please notify us within 24 hours. Short notification limits our ability to accommodate the needs of others.

If you have any questions or if we can further assist you, please contact us at 724.545.2205. We looking forward to meeting you.

Dr. Bert Hepner and Dr. Nathan Formaini and Staff