Oklahoma Pain Management

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PH: 405-242-4100 FX: 405-775-9356

Office Policies and Procedures

Office Hours: Our regular office hours are Monday – Friday 8:00 – 4:30. Our phones are from 8:00 – 4:00. We close for all major holidays and occasionally close early due to staff meetings.

Phone Messages and Refill Requests: Due to the volume of calls we receive, we ask each patient to comply with our policy regarding medication refills and phone calls to the office. All urgent medical calls will be returned same day, all other may take 24-48 hours to process. To request a medication refill, please contact your pharmacy and have them fax a request to 405-775-9356. Medication refills will be completed within 24 – 48 business hours of the request. If the prescription must be hand written, leave a detailed message and you will be contacted when it is complete.

After Hours Emergency: For a true medical emergency call 911 immediately or proceed to the nearest emergency room. We do have an answering service available for urgent reasons. The answering service cannot process medication refills. The answering service is intended only for urgent medical issues.

Confidentiality: If you have a family member or friend who you would like us to release information to (including appointment times) we need to have them on your Authorization to Treat form.

Medical Records: We are happy to provide you with a hard copy of your records upon receipt of the proper request form. The charge will be $1.00 for the first page and .50 cents for each additional page. Please allow 10 days for your request to be processed.

Paperwork Charges/ Miscellaneous Charges: There will be a $25.00 charge, payable in advance for each form the doctor is requested to fill out (ie, disability, FMLA, Medical Necessity, etc). These forms should be turned in at the front desk. Please allow 7 business days for processing.

I HAVE READ AND UNDERSTAND THE OKLAHOMA PAIN MANAGEMENT OFFICE POLICIES AND PROCEDURES OUTLINED ABOVE. I AGREE TO THE GUIDELINES OUTLINED IN THE ABOVE DOCUMENT.

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Patient Signature Date

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Printed Name