

Patient Name:	Date of Birth:	/	_/
Office Policies:			
Welcome to Texas Spine Associates. We realize you have a	choice for your medical care an	d we are	e pleased you have
chosen us. Please be advised that our offices house two surg	·		-
on each specific patient's needs. Please do not be alarmed if	_		
they may be being seen in a different area. As long as you s			
in an exam room as quickly as possible. It is very important			
number changes, or change in insurance before you are seen			
In order to ensure the quality of care received by our patients	s and assist in regulating the ove	rall cost	to the patient, the
physicians at Texas Spine Associates have varying levels of	ownership in the following: Bay	lor Surg	gical Hospital of Fort
Worth, Baylor Surgical Hospital at Las Colinas, KAR Medic			
AKRN PA. You have the right to select any health care facil	ity or provider of your choice. It	is not m	nandatory that you
select any of the above referenced facilities or providers. By	using the providers on this list,	it is your	r physician's belief that
your medical needs will be best served in the most convenien	nt and efficient way possible. Re	ferrals a	are in no way being
made with an intent to financially benefit the physician.			
Prescription request:			
Please contact your pharmacy to request medication refills.	Your pharmacy will notify our o	office of	your refill request. We
require 24 hours for refill request. Please be aware that refil			
the next business day. (NOTE: Doctors do not refill narcotic	-	-	
Clinical Questions:			
Please be aware if you call our office with a clinical question	our physicians and nursing sta	ff are in	clinic during the day
and cannot be called away from patients to speak to you. Ou			-
they will return your call as soon as possible. (NOTE: if you		_	
any problem you are experiencing and she will immediately		-	,
Patient Forms:			
Please be aware that we charge \$25.00 to complete the follow	ving naperwork:		
AFLAC	wing paper work.		
FMLA			
Disability			
We require 4-5 business days to complete any paperwork gives	/en		
o require 1 5 outsiness days to complete any paper work gr	. 0.11.		

Patient (or Guardian) Signature: _______Date: _____