



NEUROSURGICAL &
SPINE ASSOCIATES
OF OKLAHOMA, PC

Appointment Date: _____

Appointment Time: _____

Dear _____,

Enclosed are forms to be filled out prior to your appointment. **Please take time to fill them out completely and bring them with you to your appointment along with your MRI/CT films, Insurance card (s), Co-pay, Driver's License/ State photo ID, and a list of medicines you take .** If you do not bring your MRI/CT films to your appointment and if cannot pay your copay/deductable or any out of pocket expense upon arrival, your appointment will be rescheduled. If you cannot keep your scheduled appointment, please contact our office at (405) 455-3322 no later than 24 hours prior to the appointment time. Please be on time for your appointment, those patients who are late, may be rescheduled depending on the doctor's schedule.

*****If your injury is due to a personal injury such as Workmans Comp or a Motor Vehicle accident please contact our office prior to your appointment. *****

****PLEASE NOTE WE HAVE MOVED, OUR NEW ADDRESS IS LISTED BELOW****

We look forward to caring for you and answering any questions you or your family may have.

Thank you,

Neurosurgical & Spine Associates
Qualls Stevens, DO, MBA
8 SW 89th Street Ste 100
Oklahoma City, OK 73139
405-455-3322

Yukon Office
1491 Health Center Pkwy
Yukon, OK 73099