



_____ is scheduled in our office with Dr. Kelly, Dr. Lynch or
Dr. Overbey on _____, 2019 at ____:_____.

Enclosed is the paperwork you will need to have filled out before your appointment. Even if you feel the information does not pertain to your specific situation, please fill it out anyway. Mail the paperwork back in the self-addressed-stamped envelope provided. We have also included driving directions.

PLEASE BRING THE FOLOWING ITEMS WITH YOU TO YOUR APPOINTMENT:

1. A list of the medications you are currently taking.
2. Driver's License or Current Valid ID
3. Insurance cards
4. Payment (Co-Pay amount)

If you would need to reschedule or cancel your appointment, please call AT LEAST 3 BUSINESS DAYS IN ADVANCE! Our office phone number is 405-752-9600.

*****We need ALL your most recent records to be able to give you the *best possible* care. Therefore, please, keep in mind, if we can't get them, we may have to reschedule your appointment. *****