

Sonoran

PAIN MANAGEMENT

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WELCOME TO OUR PRACTICE

Dear _____:

Thank you for choosing Sonoran Pain Management. We look forward to providing you with excellent care and service.

Enclosed you will find the paperwork we will need completed for your visit.

Your appointment is schedule for ____/____/____ at ____:____ am/pm

PLEASE BRING THE FOLLOWING WITH YOU ON THE DAY OF YOUR APPOINTMENT:

1. The enclosed paperwork-completed in **BLACK INK**
2. Insurance card(s)
3. A state issued picture I.D.
4. Medical records that include any progress notes, labs, and/or diagnostic imaging, including x-rays, MRIs or CT scans.
5. Co-Pays are **REQUIRED** at the time of check-in.

We accept cash, Visa, Master Card, Discover, and American Express.

If you have any questions prior to your appointment, please do not hesitate to contact the office at 602-795-PAIN (7246). If you need to change, cancel or reschedule your appointment, please give us a **24**-hour notice to prevent a fee.

Thank you for your cooperation in helping our office to better serve you.