



COMPREHENSIVE CENTERS
FOR PAIN MANAGEMENT

- ❑ **CC4PM-SYLVANIA** **3400 MEIJER DRIVE TOLEDO, OHIO 43617**
- ❑ **CC4PM-BAYSIDE** **846 S. COY ROAD OREGON, OHIO 43616**
- ❑ **CC4PM-ASPEN GROVE** **7575 SECOR ROAD LAMBERTVILLE, MICHIGAN 48144**
- ❑ **WCSC-CENTRAL AVE.** **7053 WEST CENTRAL AVE, TOLEDO 43617**
- ❑ **WCSC-BAYSIDE** **846 SOUTH COY RD, OREGON 43616**

RE: PAIN MANAGEMENT APPOINTMENT

Dear _____

Welcome to the Comprehensive Center for Pain Management.

Your appointment is on _____ @ _____

with Dr. _____.

Please arrive @ _____ to complete the registration process.

Please Remember:

1. You will need to arrive thirty minutes (30) prior to your appointment to complete the registration process.
2. Bring your insurance or BWC card and any approval papers. (Have you checked with your insurance carrier regarding the coverage of these procedures?).
3. Please plan 1½ to 2 hours for your first appointment.
4. You will need to bring any films and reports of any MRI, CAT-scan, X-Rays, etc.
5. You will need to obtain any information from any other physicians, hospitals, physical therapists, or clinics regarding your condition and bring this information with you to your first appointment. This may involve contacting these offices and signing a release of information form.
6. Due to the limited number of appointment times available, \$50.00 may be charged to all patients who have missed appointments or have not cancelled 48 hours prior to their scheduled appointment.

Thank You.

The Staff of Comprehensive Centers for Pain Management and West Central Surgical Center