



Jeff Halford, D.O.
Board Certified, Physical Medicine
& Rehabilitation, ABPMR

Brent Henderson, D.O.
Board Certified,
Anesthesiology, AOBA

Jack Shearer, D.O.

PATIENT REFERRAL
Referral Fax: (800) 786-7395

Patient Name: _____ Patient Phone: _____ DOB: _____ Date: _____

Referring Physician / Group: _____ Referring Office Phone: _____

Please fax this form to our dedicated referral fax (800) 786-7395, along with the following:

- Current patient records (with pain related notes)
- MRI/CT radiology reports
- Patient demographic information
- Patient insurance card(s)

Primary Pain Related Diagnosis: _____

Procedure: _____

Patients may choose from these five locations:

BROKEN ARROW
1751 N Aspen Avenue
Broken Arrow, OK 74012

SAND SPRINGS
401 E Broadway
Sand Springs, OK 74063

GROVE
204 S Grand St
Grove, OK 74344

McALESTER
1201 E Wade Watts Avenue
McAlester, OK 74501

SALLISAW
555 W Ruth Ave
Sallisaw, OK 74955

P: (918) 794-6008 | www.PMOMedicalOK.com