

8660 Fern Avenue, Suite 120  
Shreveport, LA 71105  
Telephone (318) 841-9999  
Fax (318) 841-9996



Jefferey D. Adair, MD  
Fellowship-trained in Pain Management  
Double Board Certified in  
Anesthesiology & Pain Management

---

## OFFICE POLICIES

**Questions and/or Concerns:** If you have a medical emergency, please CALL 911. For all other requests, we can be reached at the above number during normal office hours 8:00-5:00 PM, Monday through Friday. Your call will be routed to the appropriate personnel to handle your specific request. All calls will be returned within 24 business hours. We ask that you **do not make multiple phone calls**. For issues of general consultation, you may be asked to schedule an appointment.

**Appointments:** If you need to cancel or reschedule an appointment, please call us at the above number **at least** 24 hours prior to your scheduled appointment. If you are more than **30 minutes late**, you will be asked to reschedule. Three no-show appointments will result in dismissal from the practice. This means that we will no longer be able to provide you with pain management care. You will be referred back to your primary care doctor for a new referral to seek care at another facility. If you are scheduled for a procedure in our outpatient surgery suite, please prepare for a length from 1-3 hours.

**Medication Refills:** All medications should be taken exactly as they are prescribed. If you experience any side effects or have any problems with your medication, please inform us immediately. We ask that you please **notify us at least 3 days** in advance if you need a prescription refill. Always allow at least 24-48 hours for the medication to be available for pickup at your pharmacy. Keep in mind that narcotic pain medications cannot be called in to the pharmacy. You must obtain these prescriptions during regularly scheduled follow-up appointments. If you miss a follow-up appointment and are in need of a refill, you must call and reschedule your appointment. Medications will not be refilled without a follow-up evaluation.

**Financial Responsibility:** Copays, deductibles, and/or procedure deposits are required at the time of service. If you have a balance on your account, this must be resolved prior to being seen.

**Disability Paperwork:** Please forward all disability paperwork requests to your primary care physician. We do not complete these requests in our office.

**Work/School Excuse:** If you require a work or school excuse, please make sure to ask for it at the time of your appointment. Excuses will only cover the day of an appointment or procedure.

Please sign below, attesting that you have read and understand these policies.

---

Patient Signature

Date

PATIENT NAME (Printed):

---

Last

First

Middle Initial

Date of Birth