



Jeff Halford, D.O.
Pain Management
Board Certified, Physical Medicine
& Rehabilitation, AAPMR

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

PATIENT REFERRAL
Referral Fax: (877) 311-4558

Patient Name: _____ DOB: _____ Date: _____

Referring Physician / Group: _____ Referring Office Phone: _____

Referral for pain medication management & compliance.

Addiction Medicine

Primary Diagnosis:

Chronic Pain

Lumbar Spine Pain

Cervical Spine Pain

Substance Use Disorder

Other: _____

Please fax this form along with current patient records, MRI / CT radiology reports, demographic information, and a copy of the patient's insurance card to our dedicated **referral fax: (877) 311-4558**

Patients may choose from these five locations:

BROKEN ARROW
701 W Queens Street, Ste 100
Broken Arrow, OK 74102

SAND SPRINGS
401 E Broadway
Sand Springs, OK 74063

GROVE
Integris Family Care
601 E 13th Street, Ste H
Grove, OK 74344

McALESTER
1201 E Wade Watts Avenue
McAlester, OK 74501

SALLISAW
3807 W Cherokee Avenue
Sallisaw, OK 74955