

Center for Pain Management and Rehabilitation

635 East Main Street, Bridgewater NJ 08807
Phone: (908) 231-1131 Fax (908) 231-1132

Dear Patient:

We look forward to seeing you for your appointment with us. Arrive 15 minutes prior to your appointment. Please bring your **insurance card(s)**, your **referral** (if your insurance requires) and your **co-payment** (all co-pays must be paid at time of service). We accept cash (exact amount will be appreciated), check (payable to Center for Pain Management), Visa or MasterCard. A receipt will be provided.

Please arrange to have the copies of **doctor's notes, radiology reports**, and any other records concerning prior evaluation and treatment of your pain faxed or sent to our office, prior to your appointment. Bring any **radiology films** with you. Also, you must **bring photo identification** with you for your first appointment.

Please remember for your first visit we do not prescribe opioid medications. This is for a consult only.

To verify, change or cancel your appointment please call (908) 231-1131 and speak with the receptionist. If you are canceling or changing your appointment please give two business days notice (48 hours).

Thank You,
The Office Staff