



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: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician / Group: \_\_\_\_\_ Referring Office Phone: \_\_\_\_\_

Pain medication management  
& compliance.

Opioid Use Disorder

Procedure:

Lumbar/facet RFA

Knee, Hip, Shoulder joint RFA

Lumbar Epidural steroid injections

Cervical Epidural steroid injections

Other: \_\_\_\_\_

Primary Diagnosis:

Chronic Pain

Lumbar Spine Pain

Cervical Spine Pain

Neuropathy

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: (800) 786-7395**

Patients may choose from these six 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

**BARTLESVILLE**  
2334 SE Washington Blvd  
Bartlesville, OK 74006

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