



Cooper Yates, M.D.

PROCEDURE CALL BACK SHEET

Please call the office at **405-749-2761** and leave a message with the following information. Remember to include your name, date of birth, and your telephone number. **This is important to help our office or your referring physician determine your continued care. Your insurance may deny future procedures without this documentation.**

Date of Procedure: _____ Call Back Date: _____

1. Which doctor did your procedure? _____
2. What was your pain level before the procedure? (Using a scale of 0 to 10) _____
3. What was your pain level immediately after the injection (0 to 10) _____ and how long did it last? _____ hours
4. What is your current pain level? (Using a scale of 0 to 10) _____
5. What is your current percentage of pain relief? _____%
6. Has your function/activity improved as a result of the injection? Yes No
How? _____
7. Do you have a follow-up appointment scheduled with your referring physician? If so, with whom and when is the appointment? _____