

## COOPER YATES, MD

### 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 this appointment? \_\_\_\_\_