



**Welcome to OU Children's Physicians
General & Plastic Surgery Clinic**

We welcome you and your family to the Surgery Clinic at OU Children's Physicians. We are located in the OU Children's Physicians Building at 1200 N. Phillips Ave., Suite 2700. Patient parking is located south of the building on SL Young Blvd. Please bring your parking ticket to the clinic for validation. Enclosed are driving instructions from the various highways/expressways around the city. If you need help finding your way, please call us at (405) 271-4357.

Please have your PCP fax your child's medical records (including lab results, x-rays or radiology reports, progress notes and growth charts) prior to the first visit. This will help the physician greatly in caring for your child. Our clinic fax number is (405) 271-7161. If you need to cancel an appointment, please call us 24 to 48 hours in advance (except in emergency situations). The clinic's direct number is (405) 271-4357.

If you have Commercial, HMO, or PPO insurance coverage, please be prepared to pay the specialist co-pay at each visit. If you do not have insurance coverage at the time of your visit, a \$____ co-pay must be collected and you will be asked to sign a waiver stating that you understand you are responsible for full payment of services provided. Payment arrangements can be made through our patient accounts department if necessary.

If your insurance coverage requires a referral before seeing a specialist at OU Children's Physicians or before having a procedure at OU Children's Hospital, please contact your primary care physician prior to your visit to ensure this has been completed.

Our physicians and staff are eager to make your experience here as pleasant and comfortable as possible. We are always open for suggestions and welcome your input at any time. We have comment cards available at the front desk if you wish to fill one out during your visit. They are picked up each week and reviewed by the Clinic Administrator. We are also randomly selecting patients to receive a patient satisfaction survey. If you are selected, please complete and return it as soon as possible in the self addressed stamped envelope provided. Any suggestions, comments or compliments you leave will be addressed immediately. If you wish, you can leave your name and telephone number so we can contact you directly.

Thank you for choosing one of our many physicians to take care of your child's health care needs. We hope you are very satisfied with the services you receive.

Sincerely,

Surgery Clinic Staff and Physicians