



Joint Replacement
ASSOCIATES

On the behalf of Joint Replacement Associates, we thank you for allowing us to participate in your care.

It is our obligation to make the following disclosures to you.

- 1) You may be evaluated by a physician assistant. All treatment plans will be discussed with Terry Clyburn, MD.
- 2) All scheduled injection services and your first post-operative visit will be with the physician assistant.
- 3) Dr. Clyburn shares weekend calls with his associates, all of which are board certified and excellent orthopaedic surgeons. If you incur a problem over the weekend, please call the office Monday morning to schedule an appointment.
- 4) Medication refills will be handled Monday through Friday during business hours only. Please call your pharmacy with your refill request. Ask the pharmacy to fax your request to 832.213.0308. All refill requests will be addressed within 24 hours—except over the weekend. If your refill request is received after 5PM on Friday, it will be addressed on the following Monday. The weekend physician cannot refill pain medicines.
- 5) If you have undergone testing such as a MRI or CAT scan, please schedule an appointment within the first few days after the test. We must see you personally to review these results with you.
- 6) All disability and FMLA forms will be completed within 5 business days of receipt. Each form will incur a \$30.00 fee.
- 7) A 24 hour notice must be given for cancelled appointments. Failure to notify the office within 24 hours will result in a “no show” appointment fee of \$50.00.
- 8) Due to insurance and Medicare reimbursement restrictions, we can no longer make appointments for multiple joint complaints.
- 9) When calling for an appointment, please specify the reason for your visit.
- 10) Payment for services rendered is due at the time of service.
- 11) Dr. Clyburn is a partner in the Foundation Surgical Hospital. He operates primarily at Foundation Hospital and Methodist Hospital. If you choose Dr. Clyburn to do your surgical procedure, you are free to choose one of these hospitals.

Your compliance with these items will help us serve you in a more efficient manner. In providing more efficient care, we hope to cut down your wait time in the office.

Signature: _____ Date: _____

TERRY A. CLYBURN M.D., P.A.
5420 WEST LOOP SOUTH, SUITE 2400, BELLAIRE, TX 77401
713 357 4752