

JAYME TRAHAN, M.D. LLC

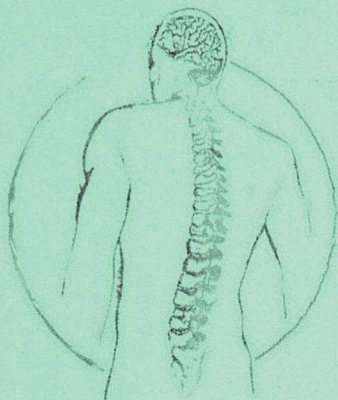
NEUROLOGICAL SURGERY

99 W. MARTIAL AVE STE B

LAFAYETTE, LA 70508

PHONE (337)706-8996

FAX (337)706-8997



Welcome New Patients

Dear Patients,

Welcome to our office, and thank you for choosing Dr. Trahan for your Neurological Surgical Care.
Please follow these guidelines:

- If you are in severe, emergent pain, **please go to the nearest Emergency Room.** Hospitals are better equipped to handle emergent care. Ask the nearest hospital to notify our office for you.
- **Please contact our office if you must cancel your appointment.** There will be a charge for the visit if you confirmed but didn't show and didn't call to cancel. On rare occasions we may have to reschedule your appointment because of an emergency. Please make sure your contact information is up to date. If you are more than 15 minutes late you will be rescheduled.
- Request for **Prescription refills** need to be called in on Mondays and Wednesdays at **(337)706-8791.** Please listen to the message and leave a detailed message. Please be sure you have enough pills for a few days when you call as we are not always able to get a prescription written on the same day. As soon as your prescription is ready for pickup you will be notified by our office. Give 72 hours for your script to be signed. Please do not call multiple times requesting refills as this just delays us being able to take care of your needs.
- **Test Results** will be discussed at your next scheduled appointment. Please do not call for results as the office staff cannot discuss them with you.
- If you are taking any **blood thinner** such as Plavix, Coumadin or any Aspirin product, please notify the medical assistant. Failure to notify the medical assistant could result in your surgery being pushed back or even cancelled. Often times, we need to obtain permission to hold these medications from your cardiologist prior to surgery.
- **Paper work** (such as insurance forms and disability applications) may take up to a two weeks to complete. Also please note that there is a **\$30.00** charge every time we have to fill out the forms.

We look forward to assisting you with your needs.

Jayme Trahan, M.D.
Dee Dee Duhon, Practice Manager
Kristen Toussaint, Medical Assistant

***ONLY ONE PERSON WILL BE ALLOWED
IN THE BACK WITH THE PATIENT. THIS IS DUE TO
PRIVACY POLICIES AND THERE ARE ONLY 2
CHAIRS IN EACH ROOM.***

*** PLEASE PRINT, SIGN AND DATE***

Print Name _____
DOB _____
Signature _____
Date _____

Office Hours: Monday-Thursday 8:00A to 5:00P (Lunch 12-1) & Friday 8:00A to 12:00P