

ENDOCRINOLOGY ASSOCIATES

Board Certified Physicians

American Board of Internal Medicine

Eric A Orzeck MD FACP FACE

Sonia P Eapen MD*

Samir G Ouais MD*

** Board Certified Endocrinology, Diabetes, and Metabolism*

Certified / Licensed Associates

Faith Sanders PA-C

Rachel Taylor BSN RN CDE

Office Policies- Pearland Location

Welcome to Endocrinology Associates! Thank you for choosing our office. Here is some useful information about our practice:

-Appointments are scheduled between 9am and 3pm. There is a \$25 fee for missed appointments. Please call to reschedule your appointment prior to the appointment time to avoid this fee.

-We are open Monday, Wednesday, and Thursday 9:00 am to 4:00 pm. We closed for lunch between 11:30 am and 1 pm. Dr. Eapen is at the Houston office on Tuesdays.

-If we are closed, you can reach the physician on call by calling our office. You will reach the answering service that will notify the physician on call. If you are having an emergency please go to the nearest emergency department. Prescriptions are not refilled after hours by the physician on call as he or she does not have access to your medical records and cannot verify your information. Appointments are not rescheduled after hours.

If the Houston office is open they will answer our calls. They will be happy to assist you. However, they do not have access to your medical records and cannot authorize refills on prescriptions.

- Prescriptions may be refilled Monday, Wednesdays and Thursday 9am to 4pm. If you have missed more than one scheduled visit or you are more than one month overdue for your visit, you will need to speak to a staff member prior to receiving a refill.

-You may come in for injections Mondays, Wednesday, and Thursday from 9am to 11:30 am and from 1pm to 3pm. You do not need an appointment for these visits.

-Don't forget to update us with your new contact information if any of your information changes (address, phone, insurance, etc).

SIGNATURE OF PATIENT, GUARDIAN OR LEGAL REPRESENTATIVE:

PRINT NAME: _____ DATE: _____

RELATIONSHIP (IF OTHER THAN SELF): _____



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