Pain Management Services

Est. 1982

Minimally Invasive Spine and Pain

Calvin G. Cajigal, M.D.
Stephen D. Schmidt, M.D.
Gregory H. Smith, D.O.
Elizabeth Abernathy, A.N.P.

Clinical Offices

West County
1070 Old Des Peres Road
Des Peres, MO 63131
Phone (314) 821-8644
Fax (314) 821-4858

St. Peters
5301 Veterans Memorial Parkway
Suite 105
St. Peters, MO 63376
Phone (636) 442-5070
Fax (636) 442-5071

Washington
1351 S. Jefferson Street
Suite 204
Washington, MO 63090
Phone (636) 432-5201
Fax (636) 432-5206

ADMINISTRATIVE OFFICE
Pain Management Services
339 Consort Drive
Ballwin, MO 63011
Phone (636) 386-1103
Fax (636) 386-7679

AAAHC
ACCREDITATION ASSOCIATION *for* AMBULATORY HEALTH CARE

August 5, 2026

Dear patient:

This letter is to inform you that Pain Management Services located at 1070 Old Des Peres Road in Des Peres, Missouri will be closing as of 9/30/2026 due to my retirement.

In order to maintain continuity of care, you will need to contact your primary care physician for referral to a different pain clinic or a list of local providers is provided. You may contact the Des Peres office at (314)–821–8644 prior to office closure 9/30/2026 and thereafter, our corporate office at (636)–386–1103 with assistance in transferring your care and obtaining a copy of your medical records.

It has been an honor to participate in your care these many years and I deeply appreciate your loyalty to our clinic. I wish you the best in the future.

Sincerely,

GSmith

Gregory H. Smith, DO

Chesterfield & Festus

- Dr. Ramis Gheith
  500 ChesterfieldCenter Ste. 250 Chesterfield MO 63017
  Phone: 636-519-8889
  Fax: 636-536-0120
  1405 North Truman Blvd Festus MO 63028
  Phone: 636-933-2243
  Fax: 636-933-2252

Chesterfield

- Dr.Brian Whitlow
  500 Chesterfield Center Ste. 250 Chesterfield MO 63017
  Phone: 636-519-8889
  Fax: 636-536-0120
- Dr.Christian Oliver
  500 Chesterfield Center Ste. 250 Chesterfield MO 63017
  Phone: 636-519-8889
  Fax: 636-536-0120
- Dr. Helen Blake
  14825 N Outer 40 Rd. #360 Chesterfield MO 63017
  Phone: 314-336-2570
  Fax: 314-336-2571

Bridgeton

- Dr. Syed Khader
  12255 De Paul Dr. Suite 120 Bridgeton MO 63044
  Phone: 314-291-7900
  Fax: 314-344-7556

Florissant

- Dr. Gregory Stynowick
  6829 Parker Rd. Suite A Florissant MO 63033
  Phone: 314-741-2700
  Fax: 314-741-2701

St. Peters, Wentzville, Fenton

- Dr. Boedefeld & Dr. Chad Shelton
  St.Peters: 4800 Mexico Rd. Ste 101 St.Peters MO 63377
  Phone:636-442-5035
  Fax: 636-442-5036
  Wentzville: 1601 Wentzville Parkway Ste.101 Wentzville MO 63385
  Phone: 636-332-8902
  Fax: 636-332-8904
  Fenton: 1055 Bowles Ave. Ste 202 Fenton MO 63026
  Phone: 636-326-7821
  Fax: 636-326-7897

Creve Coeur

- Dr. Anne Christopher
  211 N Lindbergh Blvd #100 Creve Coeur MO 63141
  Phone: 314-205-6149
  Fax: 314-590-5920

St.Peters, O'Fallon, Wentzville

- Dr. Brian Meek
  St.Peters: 5200 Executive Centre Pwky Ste 300 St.Peters MO 63376
  O'Fallon: 4701 State Hwy K O'Fallon MO 63368
  Wentzville: 378 Shadow Pines Dr. Wentzville MO 63385
  Phone: 636-229-4222
  Fax: 636-441-9832

St.Peters & South County

- Dr. Steven Granberg & Dr. Kevin Coleman
  St.Peters: 112 Piper Hill Dr. Ste 6 St.Peters MO 63376
  South County: 13131 Tesson Ferry Rd. St.Louis MO 63128
  Phone: 314-756-8035
  Fax: 314-756-8050

Florissant, South County, Granite City (IL)

- Dr. Mahendra Gunapooti
  Florissant: 261 Dunn Rd. St.Louis MO 63031
  Phone: 314-254-0224
  Fax: 314-830-2648
  South County: 5000 Cedar Plaza Pkwy Ste 240 St.louis MO 63128
  Phone: 314-266-3007
  Fax:314-830-2648
  Granite City (IL): 2421 Corporate Center Dr. Ste.105 Granite City (IL) 62040
  Phone: 618-221-0597
  Fax: 31-830-2648

North County

- Dr. Christopher Beuer
  11125 Dunn Rd. Ste100 St.Louis MO 63136
  Phone: 314-653-5228
  Fax:314-653-4139

West County

- Dr. Nabil Ahmed
  Walker Medical Building 12855 N 40 Dr. Ste 275 South St.Louis MO 63141
  Phone: 314-395-7699
  Fax: 314-878-7882

South County

- Dr. Pawan Sethi
  12700 Southfork Rd. Ste 153St.Louis MO 63128
  Phone: 314-543-5283
  Fax:314-543-5233

South City

-Dr. Gurpreet Padda
5203 Chippewa St. ste. 301 St.louis MO 63109
Phone: 314-481-5000
Fax: 314-481-3037

Missouri Baptist Hospital Pain Management

- 3015 N. Ballas Rd. St.Louis MO 63131
  Phone: 314-996-7200
  Fax: 314-996-7201

Washington University Pain Management

- 4921 Parkview Pl. St.Louis MO 63110
  Phone: 314-362-8820
  Fax: 314-362-9471

Washington

- Dr. Kenneth Naylor (suite 208) & Dr. Matthew Rahrig (Suite 226)
  851 E Fifth St. Washington MO 63090
  Phone: 636-239-8097
  Fax: 636-390-7308

Patient's Authorization for Provider to Disclose PHI to a Third Party or Attorney

1. **Description of the Used or Disclosed Protected Health Information**
   I hereby instruct you, my Provider, to disclose my complete medical chart to the persons indicated below.

2. **Persons Authorized to Make the Disclosure**
   Any member of Provider's workforce or any business associate of Provider is authorized to disclose the protected health information.

3. **Person to Whom Disclosure May be Made**
   Provider may disclose the protected health information to _____*

4. **Purpose(s) of Requested Use or Disclosure**
   The purpose of the disclosure is: _____*

5. **Expiration of Authorization**
   This authorization shall continue until _____*

6. **Patient's Right to Revoke Authorization**
   I may revoke this authorization by writing a letter to Provider's Privacy Officer, at Provider's then current address, stating my authorization is revoked, which shall be effective upon receipt.

7. **Conditioning of Treatment**
   Provider may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization, except where the authorization is for research-related treatment, or solely for the creation of protected health information for disclosure to a third party.

8. **Redisclosure by Recipient**
   I understand that once Provider discloses the protected health information to a recipient, the recipient may redisclose the information, which may no longer be protected by federal or state law.

9. **Acknowledgment of Reading and Agreement**
   I agree that I have read and understand this authorization.

_____
Patient Name or Representative*

_____ _____
Patient or Representative* Signature Date*

If a Representative Signs, state the Representative's Authority: _____