

PHYSICIAN APPOINTMENT -PERSONAL INJURY

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FAX 805-383-0748

1. Fill out appointment form 2. Include any MRI's or Prescriptions

DATE:	Law Office of:	
Person Requesting info	Phone	Fax
DATE OF INJURY/TYPE:		
	Is appointment urgent? Yes	No
Type of physician needed:		
□Ortho	Chiro	Psych
□Neuro	□Pain Mgmt	□Other
□Home Health Care □Phys COMMENTS:	sical Therapy	
CLIENT NAME:		PHONE:
Insurance(if applicable)		
Client address		
	dob	
	OR OFFICE INFORMATION (.
	em directly or SRS Medical Resource	or care. If your office needs additional s
Attention	Doctor	
	APPOINTMENT	
DATE/TIME		
ADDRESS		
PHONE	FAX	
SEND PAPERWORK TO_		
COMMENTS	THANK YOU FOR YOUR PROMPT RE	ESPONSE!
Received by:	Sent to Attorney date/time	
Discialmer:		

The filling out of this form, or any other form, or receipt of this form in no way creates any attorney-client, or other representative arrangement between the persons filling the form out/receiving the form and with us, SRS Medical Resources service. We are not compensated on a case-by-case basis, but are paid by providers on our list. Physician(s) or providers are selected on each case based on specialty needed, MPN, and geographic location. The persons who contact SRS for making the appointment shall never be responsible for payment of such services to SRS Medical Resources. SRS Medical Resources is not employed nor owned by any claims examiner, applicant, defense attorney, nor by any physicians or other providers on our list have retained SRS Medical Resources for the purposes of marketing. This retention is not paid on a case- by-case basis, but rather a flat, monthly rate that is NOT contingent on the amount of appointments SRS Medical Resources books. Patients are free to change their physician at any time, and are not required to stay with the physicians booked by SRS Medical Resources indefinitely. This form shall not be construed as giving legal or medical advice. SRS Medical Resources will not provide legal or medical advice.