

PHYSICIAN APPOINTMENT - PERSONAL INJURY

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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 urger	nt? Yes No
Type of physician needed:		
□Ortho	Chiro	□Psych
□Neuro	□Pain Mgmt	□Other
	ysical Therapy Pharmacy	
CLIENT NAME:		PHONE:
Insurance(if applicable)		
Client address		
SS#		dob
The above mentioned atto	DOCTOR OFFICE IN	IFORMATION client for care. If your office needs additional
Attention	Docto	<u>- </u>
	APPOINTM	
DATE/TIME_		
ADDRESS		
PHONE	FA	X
SEND PAPERWORK TO)	
COMMENTS	THANK YOU FOR YOUR PRO	OMPT RESPONSE!
#pages sent Sent to Doctor date/time Received by: Disclaimer:		orney date/time

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. All 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.