



# BUFFALO SPINE SURGERY

Center For Excellence in Spine Care

Dr. Andrew Cappuccino

## WORKMAN'S COMPENSATION / NO - FAULT CLAIMS

Date of Injury \_\_\_\_\_

Place of Injury \_\_\_\_\_

How did the injury occur?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever missed work as a result of this condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much time? \_\_\_\_\_

Other physicians you have seen for this condition:

\_\_\_\_\_ Specialty: \_\_\_\_\_  
\_\_\_\_\_ Specialty: \_\_\_\_\_  
\_\_\_\_\_ Specialty: \_\_\_\_\_  
\_\_\_\_\_ Specialty: \_\_\_\_\_

Your Workman's Compensation / No - Fault case is: open \_\_\_\_\_ closed \_\_\_\_\_