Injury Medical Services, PLLC
Phone: 214.461.4853
Fax: 972.505.4886
Email: Drcollumdc@yahoo.com

Patient Name:_____

Patient Address:_____

City_____ State_____ Zip_____

Date of Birth: _____ Date of Loss: _____

Patient Phone 1: _____ Cell (Y/N)___ Patient Phone 2:_____

Attorney:_____

Referring Doctor: _____

Doctor Email:_____

Doctor Phone:_____

Comments:_____