

Spine & Sports Specialties

Jamie G. Smith MSPT, ATC, CSCS

2012 S. Burnside Ave, Suite B • Gonzales, LA 70737-4637

T (225) 647-1515 F (225) 647-5151

Litigation / Accident / Injury Statement

Spine & Sports Specialties is pleased to offer you treatment for your injury or suffering. However, you are advised that according to most commercial insurance policies and generally accepted practice, treatment for work related chronic injuries must first be filed under Louisiana Workman's Compensation. We will be happy to assist you in this process. Also, if your case is being handled by a lawyer, this is a litigation case and our office needs to be informed before services are rendered.

My case **is** / **is not** being handled by a lawyer (*circle one*).

I _____ hereby certify that I **am** / **am not** (*circle one*) seeking treatment for an illness or injury that resulted from an incident/accident at my place of **work** or from a **motor vehicle accident** (*circle one*).

Motor vehicle accident/Date of Incident _____

Lawyer's name (if applicable) _____ Phone Number _____

Print Patient's Name

Date

Patient Signature

Photograph Authorization

I hereby authorize Spine & Sports Specialties to take my photograph for inclusion in my consult letter and medical chart retained by the clinic. I understand this photograph will be used for the purpose of identification and familiarization by the office staff, physical therapist, and consulting physicians. It will also be used on consult letters that we send to your other physicians.

Patient's Signature

Date