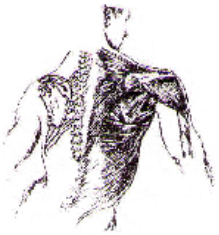

Therapeutic Massage & Bodyworks of WNY
4917 William Street
Lancaster, NY 14086
716-706-0005 ~ 716-706-0220 Fax

www.therapeuticmassagewny.com

AUTO ACCIDENT CASE (NO FAULT) FORM

TODAY'S DATE _____

NAME _____ PHONE _____

ADDRESS _____

DATE OF BIRTH _____ SS# _____ SEX: MALE FEMALE

Name of Insured _____ Primary Dr. _____

Name of Insurance Company _____

Address _____ Phone _____

Claim # _____ Policy # _____ Primary Physician _____

Date of Accident _____ Were the police notified? YES NO Are you currently working? YES NO

Where and how did the accident occur? _____

_____

_____

What parts of your body were injured? _____

_____

Attorney _____ Phone _____

Address _____

OFFICE USE ONLY:

Disability Status _____

Referral _____

Normal