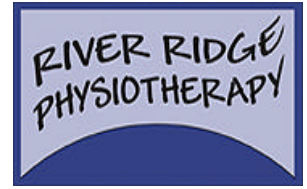




MOTOR VEHICLE ACCIDENT INFORMATION FORM

**The following information is required for billing to your auto insurance.*



First Name: _____ Last Name: _____

Date of Birth: _____

Parent/Guardian Name (if under 18 y.o.): _____

Address: _____ Suite/Apt: _____

City: _____ Province: _____ Postal Code: _____

Home Phone #: _____ Work/Cell #: _____

Referred by: _____

Date of Accident: _____

Diagnosis/Injury: _____

Car Insurance Company Name: _____

Car Insurance Address/Branch Location: _____

Claim #: _____

Name of Policy Holder: _____

Adjuster's Name: _____

Adjuster's Phone: _____

Adjuster's Fax: _____

Additional Information: _____

Do you have Extended Health Coverage? Yes ___ No ___

If you answered yes to the question above, please complete the Extended Health Coverage Information form.

If you have any questions – please call, as we would be happy to assist you. Appointments can be made by phone at either one of our 2 locations. To assist you in the paperwork process, please **FAX** or bring this form with you.

Milton Physiotherapy

#203 – 3006 Derry Rd. W.

Milton, Ontario, L9T 5B5

Tel: 905-878-9293

Fax: 905-878-4432

River Ridge Physiotherapy

#105 – 311 Commercial St.

Milton, Ontario, L9T 3Z9

Tel: 905-693-8852

Fax: 905-693-8874