LAKE SHORE
Physical Therapy
www.LakeShorePhysicalTherapy.net

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Ronkonkoma, NY 11779

WCB CASE #	CARRIER CASE #	DATE OF INJURY	NATURE OF INJURY

Patient Information	Employer Information (at time of injury)	Insurance Information
Name	Name	Name
Address	Address	Address
Telephone #	Telephone #	Telephone #
Social Security #	Contact Person	Contact Person

In the event I fail to prosecute the claim for Workers' Compensation for this illness or condition, or it is determined by the Workers' Compensation Board that the illness or condition is not a result of a compensable Workers' Compensation case,

I, _____, hereby agree to pay Henry G. Purslow, D.P.T, d/b/a Farmingdale Physical Therapy West, 4277 Hempstead Turnpike, Bethpage, NY 11714 his usual and customary fees for services rendered to the above named claimant in the above identified case.

Signature_____ Date _____

How did the accident occur_____
_____

Address where accident occurred _____
_____

Are you working YES NO Intended return date for work _____

First date of compensation _____