

CHATTANOOGA ■ IMAGING

EAST

1710 Gunbarrel Road

Chattanooga, TN 37421

Phone: (423) 553-1234 Fax: (423) 553-1235

*Workers Compensation*

**Patient Information**

Date of Injury \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Employer Information**

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Name \_\_\_\_\_

**Insurance Information**

Insurance Carrier \_\_\_\_\_

Claims Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Worker's Comp. Claim Number \_\_\_\_\_

Contact Name (if applicable) \_\_\_\_\_

Authorized for treatment by \_\_\_\_\_