

Premier Orthopaedic & Hand Center S.C.

19801 Governors Hwy, Ste 160 Flossmoor, IL 60422

Phone 708-957-0505 Fax 708-957-0506

Neal Labana, M.D.

John Kung, M.D.

Worker's Compensation Information Sheet

Appointment: IN IL K3 Appointment Date _____ Time _____

Name: _____ Date of Birth _____ Phone () _____

Social Security # _____ Who referred? _____
(if Occ Med, which one?)

Injury: (specify type of injury & location) _____

Date of Injury _____

Brief Summary of the Accident: WHERE AND HOW it happened _____

Reported to: _____

Employment Information

Employer _____ Address _____

Work Phone () _____ Fax () _____ Contact _____

Worker's Comp Information:

Insurance Company _____ Adjustor _____

Address _____

Phone () _____ Fax () _____ Claim # _____

Case Manager: _____ Address _____

Phone () _____ Fax () _____

Initials of Person taking Info: _____ Verified by: _____

Additional Notes: _____
