Attorney Name: Address:

Phone number: phone: fax:

Email:

Patient name:

Telephone (home): (cell):

Address:

City: state: zip:

Email:

Type of coverage: worker's comp or auto (Circle One)

Workers Comp Carrier:

Workers Comp Adjuster:

Workers Comp Phone #:

Auto Insurance Carrier:

Auto Insurance Adjuster:

Auto Insurance Phone #:

Workers Comp/Auto Address:

City: State: Zip Code:

Date of accident:

Is claim open: (Y / N) Claim #: Lien: (Y / N) (Circle One)

What state did your accident occur? Injury sustained in accident

Client's treating doctor:

Doctor address: phone: Fax:

Product(s) of interest : TENS & supplies, conductive neck support, conductive back support, conductive fabric glove, conductive shoulder brace, conductive wrist brace, conductive fabric sleeve, neuro sock, conductive elbow brace, brace back, cervical collar, knee brace, shoulder brace, ankle brace
other NOT SURE

Print and mail/fax to: Go Telehealth 200 E Arch St, Pottsville, PA 17901 / 570-628-5080