

SOUTHLAND
- ORTHOPAEDICS -

20060 Governors Drive, Suite 300, Olympia Fields, IL 60461 | 10, Orland Square Drive, Orland Park, IL 60602
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WORKER'S COMPENSATION FORUM

Appointment Date: _____ Time: _____
Patient's Name: _____ D.O.B: _____
Address: _____
Social Security No: _____ Contact No: _____

Injury Information

Type of Injury: _____ Location of Injury: _____
Date of Injury : _____ Reported to: _____
Brief SUMMARY of the Accident. WHERE and HOW it Happened: _____

Employment Information

Employer Name: _____ D.O.B: _____
Address: _____ Fax No: _____
Work Phone No: _____ Personal Contact No: _____

Workers Compensation Information

Insurance Company: _____ Adjustor: _____
Address: _____ Fax No: _____
Phone No: _____ Claim. No: _____

Case Manger Name: _____ Phone No: _____
Address: _____ Fax No: _____

Additional Notes : _____

Print Name of the Person taking the Information Signature of the Person taking the Information Date