



Mark E. Pruzansky, MD, PC
Jason S. Pruzansky, MD

975 Park Avenue, New York, NY 10028
PHONE 212.249.8700 FAX 212.327.4405
EMAIL mpruzanskymd@handsport.us
EMAIL jpruzanskymd@handsport.us
WEBSITE www.handsport.us

Hand and Upper Extremity Surgery
Sports Injuries and Wrist Reconstruction
Peripheral Nerve and Elbow Surgery

WORKER'S COMPENSATION & NO-FAULT

DATE: _____

PATIENT'S NAME: _____

DATE OF ACCIDENT: _____

DESCRIBE BRIEFLY HOW YOUR ACCIDENT OCCURRED: _____

ADDRESS OF ACCIDENT: _____

NAME & ADDRESS OF PHYSICIANS OR HOSPITALS WHERE YOU WERE TREATED: _____

BODY PARTS INJURED: _____

WERE ANY X-RAYS TAKEN? Y N WHEN? _____ WHERE? _____

TYPE OF X-RAY TAKEN? _____

DATES YOU WERE UNABLE TO WORK? _____

ARE YOU STILL PRESENTLY DISABLED? Y N WHY? _____

NAME OF INSURANCE COMPANY: _____

ADDRESS OF INSURANCE COMPANY: _____

NAME OF CLAIMS EXAMINER: _____

PHONE NUMBERS OF INSURANCE COMPANY: _____

POLICY# _____

POLICYHOLDER'S NAME: _____

POLICYHOLDER'S ADDRESS: _____

FILE OR CLAIM# _____ WORKERS' COMPENSATION ID# _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

LAWYER'S NAME: _____

LAWYER'S ADDRESS: _____