Attending Physician's Statement

THE INSURED IS RESPONSIBLE FOR COMPLETION OF THIS FORM WITHOUT EXPENSE TO THE COMPANY

Reference #: 045678

Policy #:

Patient's name and address:

Noah Miller
3072 View Lane
Albany, Oregon 97321

Sex:

- (●) M
- ( ) F

Date of Birth: 01/01/1984

What is disabling the patient?

Acute back injury sustained while lifting at work.

Please give a complete diagnosis of this condition:

Herniated nucleus pulposus with right radiculopathy. Diagnosis: Diagnosis: (ICD10 = S39.82XA, S33.101A (ICD9 = 959.19; 839.20)

HISTORY

When did Patient first receive medical treatment? 04/18/2014

Was there a previous history of this or a similar condition?

- ( ) Yes
- (●) No

If yes, please state condition and advise when previous treatment was given:

How long have you known the patient? Patient initial visit on 04/18/14

Are you their regular general practitioner?

- (●) Yes
- ( ) No

If no, please advise who is:

IF INJURY:

When did patient suffer the injury?	04/18/2014
What were the circumstances surrounding the injury?	lifting injury while at work

IF SICKNESS:

When was sickness first contracted?	
When did the symptoms become evident?	

DEGREE OF DISABILITY:

Patient's occupation:	Welder
When was patient obliged to cease work?	04/18/2014

If patient is still disabled, when approximately will the patient be able to resume:

a. Some duties:		b. Most duties:	07/15/14

OR

If patient has recovered, when was patient able to resume:

a. Some duties:		b. Most duties:	