RUTLEDGE & TINAJ PLLC
INJURY LAW FIRM
REPUTATION BUILT ON TRUST

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TREATING DOCTOR(S) FORM: The purpose of this form is to provide us with the names and addresses of any and all doctors and other health care providers who have examined and/or treated you for injuries sustained in this matter, so we can obtain you medical records.

CLIENT NAME _____ **DATE OF LOSS** _____

MEDICAL TREATER NO. 1

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Office Phone: (____) ____ - _____ **Specialty:** _____

MEDICAL TREATER NO. 2

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Office Phone: (____) ____ - _____ **Specialty:** _____

MEDICAL TREATER NO. 3

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Office Phone: (____) ____ - _____ **Specialty:** _____

MEDICAL TREATER NO. 4

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Office Phone: (____) ____ - _____ **Specialty:** _____

MEDICAL TREATER NO. 5

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Office Phone: (____) ____ - _____ **Specialty:** _____

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MEDICAL TREATER NO. 6

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Office Phone: (____) ____ - _____ **Specialty:** _____

MEDICAL TREATER NO. 7

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Office Phone: (____) ____ - _____ **Specialty:** _____

MEDICAL TREATER NO. 8

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Office Phone: (____) ____ - _____ **Specialty:** _____

MEDICAL TREATER NO. 9

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Office Phone: (____) ____ - _____ **Specialty:** _____

MEDICAL TREATER NO. 10

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Office Phone: (____) ____ - _____ **Specialty:** _____