

ACCIDENT?

Our offices have helped numerous accident victims over the years recover from injuries such as:

- HEADACHES
- NECK PAIN
- LOWER BACK PAIN
- SCIATICA
- DISC PROBLEMS
- SHOULDER PAIN

OUR SERVICES INCLUDE:

- MEDICAL
- CHIROPRACTIC
- MASSAGE THERAPY
- PHYSICAL THERAPY AND REHABILITATION



2499 GLADES ROAD
 SUITE 312
 BOCA RATON, FL 33431
 PHONE 561-613-4040
 FAX 561-372-7880

E-Mail:
 prioritymedinfo@gmail.com

DO YOU SUFFER FROM:

CIRCLE ALL SYMPTOMS YOU HAVE EXPERIENCED SINCE YOUR ACCIDENT.

- HEADACHES
- NECK PAIN
- MID BACK PAIN
- LOW BACK PAIN
- ARM PAIN
- LEG PAIN
- NUMBNESS
- TINGLING
- DECREASED MOTION
- SWELLING
- PAINFUL JOINTS

LIST ANY OTHER CHANGES YOU HAVE NOTICED:

WHEN YOU HAVE BEEN INJURED IN A CAR ACCIDENT IT IS IMPORTANT TO SEEK IMMEDIATE ATTENTION!

** ACCIDENT GUIDE **

KEEP IN GLOVE COMPARTMENT IN CASE OF ACCIDENT

INJURED?



IF YOU OR SOMEONE YOU CARE ABOUT HAS BEEN INJURED IN AN ACCIDENT PLEASE REFER TO THIS IMMEDIATELY.



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WHAT TO DO IF YOU ARE INVOLVED IN AN ACCIDENT:

- 1. STOP YOUR VEHICLE**
SAFELY AND AS QUICKLY AS POSSIBLE
- 2. SAFETY FIRST**
IF ANYONE HAS BEEN INJURED DIAL 911 IMMEDIATELY
- 3. CALL THE POLICE**
OBTAIN A COPY OF THE POLICE REPORT
- 4. EXCHANGE INFORMATION WITH THE OTHER DRIVER(S)**
OBTAIN NAME, ADDRESS, PHONE NUMBER AND OTHER DRIVER INSURANCE . *FILL OUT FORM
- 5. TAKE TIME TO FILL OUT THIS ACCIDENT AND HEALTH CHECKLIST**
- 6. NOTIFY YOUR INSURANCE COMPANY**
- 7. CONTACT US**



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ACCIDENT INFORMATION

NAME OF OTHER DRIVER(S): _____

ACCIDENT DATE: _____ TIME: _____
DESCRIPTION: _____

ADDRESS: _____

PHONE:(HOME): _____

PHONE:(WORK): _____

DRIVERS LIC # _____

STATE: _____

INSURANCE CO: _____

POLICY#: _____

POLICE OFFICER: _____

REPORT#: _____

CITY/AGENCY: _____

WITNESS: _____

PHONE: _____

WITNESS: _____

PHONE: _____

