



1300 Peachtree Industrial Blvd #4101

Suwanee, Ga 30024

Phone: (770) 831-5525

Fax: (770) 831-5527

### Workers Compensation Registration Form

#### **Worker Information**

Patient Name	Date of Birth
Date of Injury	Social Security Number

#### **Employer Information**

Employer Name	Employer Contact/Supervisor Name
Employer Phone Number	Employer Contact/Supervisor Phone Number
Employer Address	Employer Contact/Supervisor Fax Number

#### **Workers Compensation Insurance Information**

Insurance Company Name	Insurance Company Address
Insurance Company Phone Number	Insurance Company Fax Number
Policy Number	Drug Testing Required? (circle one) <input type="radio"/> Yes <input type="radio"/> No
Claim Number	Special Instructions?