



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) Yes No
Claim Number	Special Instructions?