



Specializing in Pre-Op Clearances
& Medical / Legal Consultative Services

EMC Request Form

Please email all requests and Initial Reports to; info@clearcaremedical.com

Patient Information:

Name:	
Street Address:	
City, State, Zip Code:	
Phone Number:	
Date of Birth:	
Gender:	
Email Address:	
Date of Accident:	

Attorney Information:

Law Firm Name:	Attorney Name:
Attorney Phone Number:	Attorney Email Address:

Auto Insurance Information (PIP)- Please provide copy of Automobile Insurance Card

Name of Auto Insurance:
Claim Number:
Name of Insured:
Policy Number:

Chiropractor Office Information:

Facility Name:	Fax Number:
Phone Number:	Contact Person:
Contact Email Address:	Chiropractor Name:

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