

**Date:** \_\_\_\_\_

To update our records and ensure the timely mailing of reports to your attorney, please supply us with the following information:

**Patient Name (please print):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

An attorney for my Workers' Compensation case currently represents me. I authorize the C4 to be mailed directly to the name I have listed below:

**Attorney Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Attorney Email address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Thank you