Occupational Health Clinical Center (OHCC)



Occupational se in the on

		Serving Workers with Occ Illness, Injury or Disease Central New York Region
Date:	1	CONTRI NOW TOTAL REGION
To update our records and ensure the timely mailing of reports to yo with the following information:	our attorne	y, please supply us
Patient Name (please print):		_
Date of Birth:		
An attorney for my Workers' Compensation case currently represent be mailed directly to the name I have listed below:	nts me. I au	athorize the C4 to
Attorney Name:		_
Address:		_
Phone Number:		
Fax Number:		
Attorney Email address:		_
Signature:		_

Thank you