

North Texas Orthopedics & Sports Medicine

2535 Ira E Woods Ave
Grapevine, TX 76051

651 S. Main St. Suite 100
Keller, TX 76248

Accident/Injury Details

Patient Name: _____ DOB: _____

Is this visit related to an injury / accident? _____ Yes _____ No

Date of Injury/Accident: _____

Please give a description of how your accident/injury occurred.

Where were you when the accident/injury occurred?

Did you go to the ER or other Emergency Care Facility for this accident/injury?

Yes _____ No _____

If so, which facility did you go to?

Baylor Grapevine ER / North Hills Hospital / Harris HEB / Care Now /

Other _____

Is there another party responsible for this accident/injury (for example: Is this work related? Was this an auto accident? Did you fall at a department/grocery store)?

_____ Yes _____ No

If so, who is responsible? _____

The information I have provided is true and complete to the best of my knowledge and should be considered as official documentation for insurance purposes.

Patient's Signature or parent/guardian

Date

NTO Representative

Date