



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

**Appointment Time:** \_\_\_\_\_

## Advanced Care Physical Therapy

**Address:** 3980 Sheridan Drive, Suite 402, Amherst, NY 14226

**Phone:** (800) 352-3600

**Email:** contact@msrconcierge.com

**Business Hours:**

Monday - Friday: 7:00 AM – 7:00 PM

**Practice Specialties:**

Physical Therapy

## Prepare for Your Visit:

Please bring a valid photo ID and the following information filled out for your initial appointment:

1. Date of Injury: \_\_\_\_\_

2. Body Parts Injured: \_\_\_\_\_

3. Insurance Type: ☐ No-Fault ☐ Workers Compensation ☐ Lien

4. Insurance Company: \_\_\_\_\_

5. Adjuster's Name and Phone Number: \_\_\_\_\_

6. Claim Number: \_\_\_\_\_

7. Representing Law Firm: \_\_\_\_\_

8. Law Firm Contact Name & Number: \_\_\_\_\_

*Effortless and accessible injury care—  
consider it done!*

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