



Appointment Date: _____

Appointment Time: _____

DHD Medical, P.C.

Address: 1801 Broadway, Brooklyn, NY 11207

Phone: (800) 352-3600

Email: contact@msrconcierge.com

Practice Specialties:

General Orthopedics & Surgery

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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