



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

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

## **DHD Medical, P.C.**

**Address:** 2132 Ralph Ave., Brooklyn, NY 11234

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

**Email:** contact@msrconcierge.com

### **Business Hours:**

Monday - Friday: 8:00 AM - 7:15 PM

Saturday- Sunday: 8:00AM - 12:15 PM

### **Practice Specialties:**

Physical Medicine & Rehabilitation

Interventional Pain Management

Physical Therapy

Diagnostic Testing

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!*

800-352-3600  
msrconcierge.com  
contact@msrconcierge.com