

Notice of Emergency Medical Condition

The undersigned licensed medical provider, hereby asserts;

1. The below patient has, in the opinion of this medical provider, suffered an Emergency Medical Condition, as a result of injuries sustained in an automobile accident that occurred on _____ (fill in date of accident).
2. The basis of this opinion for finding an Emergency Medical Condition is that the patient has sustained acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in ANY of the following: a) serious jeopardy to patient health; b) serious impairment to bodily functions; or c) serious dysfunction of a bodily organ or part.

I hereby attest that I am a physician licensed under chapter 458 or 459 and that the above facts are true and correct.

Provider (Print or Type Name)	Signature of Medical Provider	Date
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The undersigned injured person or legal guardian of such person asserts:

1. The symptoms I reported to the medical provider are true and accurate.
2. I understand the medical provider has determined I sustained an Emergency Medical condition as a result of the injuries I suffered in the car accident which occurred on _____ (fill in date of accident).
3. The medical provider has explained to my satisfaction the need or future medical attention and the harmful consequences to my health which may occur if I do not receive future treatment.

Injured patient receiving this diagnosis or legal guardian of said injured patient:

<p style="font-size: 2em; margin: 0;">X</p> <p>Patient's Signature Print Name next to signature</p>	Date
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<p style="font-size: 2em; margin: 0;">X</p> <p>Guardian Signature</p>	Date
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