

Your Name: _____

Healthcare Provider Sheets

To help clients keep track of visits.

Please use BLACK INK to complete.

Please **do not** provide copies of your records to us. We will take care of ordering records. Simply fill out this sheet and turn it in to The Law Firm of Dempsey & Dempsey P.C. approximately one time per month. Thank you.

Name of healthcare provider:

Name of healthcare provider:

Address of healthcare provider:

Address of healthcare provider:

Telephone number of healthcare provider:

Telephone number of healthcare provider:

Date of doctor visit or hospital visit:

Date of doctor visit or hospital visit:

Reason for visit:

Reason for visit:

Name of healthcare provider:

Name of healthcare provider:

Address of healthcare provider:

Address of healthcare provider:

Telephone number of healthcare provider:

Telephone number of healthcare provider:

Date of doctor visit or hospital visit:

Date of doctor visit or hospital visit:

Reason for visit:

Reason for visit: