POWHER
Chiropractic & Wellness Center
HIGH ENERGY RECOVERY
600 Jefferson Plaza Suite 350
Rockville, Maryland, 20852
Phone: 301-279-9009
Fax: 301-279-9008

Worker's Compensation Authorization

Personal Information
Patient Name:_____Social Security:_____

Date of Injury:_____Reported to:_____

Employer's Information
Employer's Name:_____

Address:_____

City:_____State:_____Zip:_____

Phone:_____Fax:_____

Claim#:_____Adjuster Name:_____

Insurance Information:_____

Treatment Authorization By:_____

Title:_____

Signature:_____Date:_____

Note: This form is for injuries reported while at work. Please return this form to Pow-Her Chiropractic as soon as possible.