TGH URGENT CARE powered by FAST TRACK

Please contact us directly via email: ***Clientservices@fasttrackurgentcare.com*** *or use* ***fasttrackurgentcare.com/onmyway*** *check in to expedite the visit.*

Our offices are available 8 AM – 8PM daily.

Emergency Medical Condition (EMC/MVA) Request

TGH Urgent Care powered by Fast Track Location (Name & Address):

_____

EMC: ☐ or MVA: ☐

Patient Name:_____ Patient Date of Birth: _____

Insurance Carrier: _____ Medical Claim #:_____

Patient Phone Number: _____ Date of Accident:_____

Referring Office/Organization

Were you referred to us? ☐Yes ☐No

If **YES**, please provide the following information:

Office/Organization Name: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Designated Representative Name:

_____

Attorney Information

Is there an attorney assigned to the case? ☐Yes ☐No

If **YES**, please provide the following information:

Law Office Name: _____

Attorney Name: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Requested Services

X-ray

☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Hips/Pelvis
☐ SI Joints
☐ Knee R / L
☐ Ankle R / L
☐ Foot R / L
☐ Additional Imaging:
_____

Medication Management

☐ NSAIDs
☐ Muscle Relaxers
☐ Topical Analgesics
☐ Other: _____

Request for Medical Records

This signed form authorizes the release of medical records information necessary for billing or continuity of care. If there are specific records needed for this patient, please check information to be released:

☐ **All Records**

☐ If specific item(s) requested, please specify: _____

Preferred method to receive requested records:

☐ Secure Fax

☐ Mail

Patient (or Authorized Representative) Signature: _____Date: _____