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**MARYLAND NEUROLOGICAL CENTER, LLC**

*Adolescent and Adult Neurology, EMG/NCV  
EEG Studies, Epilepsy Extended Monitoring, Sleep Studies  
Non-Invasive Vascular Studies - STAT Vascular Lab*

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

## **Worker's Compensation**

### **Employer:**

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of injury:** \_\_\_\_\_

**Claim #:** \_\_\_\_\_

**Description of Injury:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Workman's Comp, Insurance Information:**

\_\_\_\_\_

**Attorney's Name, Address and Phone:**

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