

Chronic Pain, Orthopaedics & Sports Injuries, Acupuncture,
Massage Therapy, ICBC and WorkSafeBC Claims
#102-22561 Dewdney Trunk Road Maple Ridge, BC V2X 3K1
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HOW DID YOU HEAR ABOUT US?

Doctor	Family/Friend	Drive-By Sign	Our website
Google/Internet	Previous Patient	Other (explain)	
	PATIENT INFO	ORMATION:	RY
*First Name (as on BC Ca	re Card):		01
*Last Name(as on BC Ca	re Card):		
Nickname (optional):			,
Cellular Phone (include a	rea code):		
Home Phone (include are	ea code	16)	
Email address (used for a	ppointment reminders):	3	
*Health Care Card Numb	er:		
Gender: Male	Female Oth	er:	
*Date of Birth (YYYY/MN	1M/DD):		
Address:			
City and Province:	Postal	Code:	
Emergency Contact	Emer	gency Contact Phone #:	
Family Doctor	Referri	ng Doctor	
MSP Exempt Status (Low	Income Assistance) YES NO)	
INSURANCE INFORMATI	ON: WSBC ICBC		
Claim #	Date of <i>i</i>	Accident (YYYY/MMM/DD): _	
Adjuster Name	Adjuster	Phone # ()	
Lawyer	Lawyer l	Phone # ()	
Lawwer email			