



St. Louis Minimally Invasive Spine Center

Neurosurgery

Kurt Eichholz, MD, FACS
Peter Sylvester, MD, MHA

Orthopedic Surgery

Robert A. Morgan, MD, FACS

Patient Name: _____ DOB _____

Date of injury: _____

Is this an injury related to a motor vehicle accident? _____

Is this an injury related to a work-related accident? _____

Is this an injury related to any other accident? _____

If yes, please provide accident details:

Name and phone number of attorney involved in litigation: _____

By signing this form, you acknowledge you are aware Kurt Eichholz, MD, and St. Louis Minimally Invasive Spine Center, does not participate in the care of patients with work comp or third-party injury claims and that your condition is not related to such.

Signature

Date