

In the Court of Common Pleas of NORTHAMPTON County, Pennsylvania

DOMESTIC RELATIONS SECTION

126 S UNION STREET, EASTON, PA. 18042-4444

Phone: (610) 253-3566

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Member Name:
Docket Number:
PACSES Case Number.
Other State ID Number:

Please note: All correspondence must include the PACSES Case Number.

PHYSICIAN VERIFICATION FORM

TO BE COMPLETED BY THE TREATING PHYSICIAN:

Physician's Name: _____

Physician's License Number: _____

Nature of patient's sickness or injury:

(a) Date of first treatment: _____

(b) Date of most recent treatment: _____

(c) Frequency of treatments: _____

(d) Medication: _____

The patient has had a medical condition that affects his or her ability to earn income from:

_____ through _____

If the patient is unable to work, when should the patient be able to return to work? Will there be limitations?

REMARKS: _____

Date: _____ Signed: _____

Signature of Treating Physician

I authorize my physician to release the above information to the NORTHAMPTON County Domestic Relations Section.

Physician's Address

Physician's Telephone Number

Patient's Signature

Date

Form EN-015 09/17

Worker ID 48158

Service Type M



Medical information submitted will be made a part of the record and released to the opposing party upon request unless a Court Order protecting the information is provided.

