

PATIENT: _____

DOB: _____

NOTICE OF EMERGENCY MEDICAL CONDITION

The undersigned licensed medical provider, hereby affirms:

1. The above injured patient, has in the opinion of this medical provider, suffered an Emergency Medical Condition as a result of the patient's injuries sustained in an automobile accident that occurred on

_____.

2. The basis for the finding of an Emergency Medical Condition is that the patient has sustained acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- a) Serious jeopardy to the patient's health;
- b) Serious impairment to bodily functions; or
- c) Serious dysfunction of a bodily organ or part.

I hereby attest that I am a Physician licensed under Chapter 458 or Chapter 459, a Physician Assistant licensed under Chapter 458 or Chapter 459, or an Advanced Registered Nurse Practitioner licensed under Chapter 464, and the above facts are true and correct.

Provider Name & Credentials

Provider Signature

Date