

Traumatic Brain Diagnostics of Florida

www.TBDFL.com

(833) TBD-TEST



Pines Imaging

9696 Pines Blvd.
Pembroke Pines, FL 33024
P: (954) 391-7844
F: (954) 391-7947

Cypress Creek

2122 NW 62nd St., Suite 107
Ft. Lauderdale, FL 33309
P: (954) 677-1069
F: (954) 677-1428

Precision Diagnostic

2311 10th Ave N, Suite 2
Lake Worth, FL 33461
P: (561) 623-8346
F: (561) 623-8347

MOBILE TESTING AVAILABLE

PATIENT/CLIENT INFORMATION

Name: _____ SSN: _____ DOB: _____

Full Address: _____ DOI: _____

Phone Number: _____ Email: _____

Attorney Name & Phone _____

ACCIDENT INFORMATION

Adverse Insurance/Defendant Information

MVA Premise Liability

Liability Accepted? Yes No Investigating

Limits Disclosed? Yes No Coverage: _____

**If police report provided, please attach*

Date of Loss: _____

Insured Name: _____ Insurance Company: _____

Policy OR Claim Number: _____ Phone Number: _____

Patient/Client Insurance Information

Type of Coverage/Limits UM _____ PIP Exhausted Medpay _____

Insurance Company: _____ Phone Number: _____

Policy Number: _____ Claim Number: _____

SYMPTOMS/DIAGNOSIS (Reason for Exam)

Generalized anxiety disorder (F41.1)

Memory Loss (R41.3)

Major depressive disorder, recurrent (F33.1)

Post-traumatic stress disorder (PTSD), (F43.10)

Altered mental status (R41.82)

Benign paroxysmal vertigo, unspecified ear (H81.10)

Mild cognitive impairment (G31.84)

Unspecified lack of coordination (R27.9)

Headache (R51)

Dizziness and giddiness (R42)

Anxiety disorder (F41.9)

Concussion without loss of consciousness, initial encounter (S06.0X0A)

Major depressive disorder (F33.2)

Concussion with loss of consciousness of unspecified duration, initial encounter (S06.0X9A)

Other: _____

Patient Appointment

Date: _____

Time: _____

Exam to be performed

Concussion TBD Testing

Referral from: _____

Referral phone: _____

Email: _____

Physician's Signature _____

Date _____