AUTOMOBILE COLLISION HISTORY	
Patient was involved in an automobile collision involving	
Other objects involved in collision	
Patient was the DRIVER / PASSENGER sitting in the FRONT / SMALL / MIDSIZE / FULL-SIZE CAR / PICK-UP TRUCK / MINIVAN.  OTHER	/BACK/LEFT/RIGHT/MIDDLE seat of UTILITY VEHICLE/MOTOR CYCLE/VA
Vehicle patient was in STRUCK / WAS STRUCK by: SMALL / UTILITY VEHICLE / MOTOR CYCLE / VAN / MINIVAN.  OTHER	MIDSIZE / FULL-SIZE CAR / PICK-UP 1
Describe patient's posture in vehicle upon impact.	
Was patient aware of impending impact? No Yes	
Did patient brace for impact? No Yes How?	
Did patient strike interior of vehicle? No Yes	
Did patient lose consciousness? No Yes For how long?	
safety measures employed were:   None  Seat belt {Shoulde	
Other	
s there any evidence that the safety measure failed?   No  Y	es If "Yes" Please Explain:
mpact(s) occurred at approxmph	
Damage estimates to vehicle that patient was in \$	Damage estimates not available.
	Damage estimates not available.
amage estimates to other vehicles directly involved \$	

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AGE\_\_\_ SEX\_-

ACCT. #\_

DATE

NAME



Dr. Thomas J. Ahart 220 Tals Rock Way, Suite 1 Cary, NC 27519 (919) 678-0535

RE: Assignment of Benefits and Doctor's Lien

I hereby authorize and direct you to pay Dr. Thomas Ahart directly such sums as may be due and owing to him for medical services rendered to me both by reasons of this accident and by reason of any other bills that are due his office. I also direct you to withhold such sums from settlement, judgment, or verdict as may be necessary to adequately protect said doctor. I hereby further give a lien on my case to said doctor against any and all proceeds of any settlement, judgment, or verdict which may be paid to you or myself as the result of the injuries for which I have been treated or injuries in connection herewith.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for service rendered to me and that this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee.

The undersigned does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect said doctor above named.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster or attorney involved in this case.

Patient's signature	
Witness	
Date	