



JOSEE ARCAND M.D.
The best choice for excellent family healthcare
 21 SUNTREE PL, STE 102, MELBOURNE, FL, 32940
 PH: 321-255-7334 FX: 321-255-7336
NPI # 1710061726

Patient Name: _____ Date of Birth: _____

Accident Date: _____

1. Based on my examination and treatment of _____ (patient name), and after reviewing the information and history provided in their medical records, in my expert opinion, *within a reasonable degree of medical probability*, _____ (patient name), sustained injuries, re-injuries, or aggravations of pre-existing injuries as a direct result of the motor vehicle accident dated, _____ for which I have provided treatment.

Yes No

2. The following are the injuries, _____ (patient name) sustained in the motor vehicle accident dated, _____:

Cervical (including and radiculopathy or nerve damage): _____

Right Shoulder (including any radiculopathy or nerve damage): _____

Left Shoulder (including any radiculopathy or nerve damage): _____

Other Injuries (including any radiculopathy or nerve damage): _____

2a. The following objective evidence supports the injuries I listed above. This includes any physical exam findings/orthopedic testing and/or radio graphical evidence.

Cervical	Date:	Exam Type(s):
	Date:	Exam Type(s):
Left Shoulder	Date:	Exam Type(s):
	Date:	Exam Type(s):
Right Shoulder	Date:	Exam Type(s):
	Date:	Exam Type(s):
Other:	Date:	Exam Type(s):
	Date:	Exam Type(s):
Other:	Date:	Exam Type(s):
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3. In my opinion, _____ (patient name), has reached a point of **Maxium Medical Improvement?** Yes or No

If Yes, Date Reached: _____

If No, in the section below there is reference to additional medical treatment needed in order to reach Maximum Medical Improvement.

4. The following is my final diagnosis for _____ (patient name):

Cervical: _____

Right Shoulder: _____

Left Shoulder : _____

Other Diagnosis: _____

5. _____ (patient name) injuries are residual and/or permanent as a result of the automobile crash dated, _____

Yes or No

6. In pursuant to the American Medical Association Guidelines to Permanent Impairment, or according to my own professional judgement, *within a reasonable degree of medical probability*, I attribute the permanent injury(ies) and _____ percentage of whole body impairment directly to the automobile crash dated, _____

Cervical: _____

Right Shoulder: _____

Left Shoulder : _____

Other: _____



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7. Given the nature of the injury(ies) and continuance of the same, *within a reasonable degree of medical probability*, I anticipate that future medical care may be necessary for _____ (patient name) and is related to the injury(ies) resulting from the automobile accident dated, _____.

Yes or No

If Yes, I expect the following type of future treatment (surgical or non surgical) will have to be ordered, including prescription medications, pain management procedures, such as epidurals, facet blocks, RF procedures, and alike:

Procedure:	Frequency:	Approximate Cost:

8. I have referred this patient to the following physician(s) for ongoing medical care, including the physician(s) name, specialty, address, and date of referral:

 Josee Arcand, M.D.

 Date