

*Law Offices of Robert D. Schwartz, P.A.  
2240 Woolbright Road, Suite 411  
Boynton Beach, Florida 33426  
(561) 736-3440 or Toll Free 1-888-615-8641  
www.schwartzpa.com*

## MEDICAL INFORMATION

### Doctors

Name of Doctor: \_\_\_\_\_

Type of Doctor: \_\_\_\_\_

Address, telephone number and contact information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Type of Doctor: \_\_\_\_\_

Address, telephone number and contact information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Type of Doctor: \_\_\_\_\_

Address, telephone number and contact information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Prescription Information

Name of drug: \_\_\_\_\_

Prescribing doctor: \_\_\_\_\_

Dosage: \_\_\_\_\_

Name of drug: \_\_\_\_\_

Prescribing doctor: \_\_\_\_\_

Dosage: \_\_\_\_\_

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Name of drug: \_\_\_\_\_

Prescribing doctor: \_\_\_\_\_

Dosage: \_\_\_\_\_

**Allergy Information**

Known allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance**

Name of company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Type of coverage: \_\_\_\_\_

Amount of coverage: \_\_\_\_\_

Address, telephone number and contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Long Term Care Insurance**

Name of company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Type of coverage: \_\_\_\_\_

Amount of coverage: \_\_\_\_\_

Address, telephone number and contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

