

**NOTICE OF EMERGENCY MEDICAL CONDITION**

The undersigned licensed medical provider, hereby affirms:

1. The below 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 patient 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 dentist licensed under chapter 466, a physician assistant licensed under chapter 458 or 459, or an advanced registered nurse practitioner licensed under chapter 464, and the above facts are true and correct.*

<u>Julian A. Cameron, M.D.</u>		
<i>Name (Print or Type)</i>	<i>Signature of Medical Provider</i>	<i>Date</i>

The undersigned injured person or legal guardian of such affirms:

1. The symptoms I reported to the medical provider are true and accurate.
2. I understand the medical provider has determined I sustained an Emergency Medical Condition as a result of the injuries I suffered in the car accident.
3. The medical provider has explained to my satisfaction the need for medical attention and the harmful consequences to my health which may occur if I do not receive treatment.

Injured patient receiving this diagnosis or legal guardian of said injured patient:

<i>Name (Print or Type)</i>	<i>Signature of Patient</i>	<i>Date</i>