

# Physician and Dentist Form

## Note to Patient:

This form must be filled out by doctor(s) and/or dentist(s) who are providing or have provided the patient with remedial treatment. If the patient is asking for compensation for payments to more than one doctor or dentist, please make copies of this form and have it filled out by each of them.

## Note to Physicians and Dentists:

Your patient wishes to file a claim in the *United States v. Farid Fata* claims process. He or she cannot seek reimbursement for costs related to the remedial treatment you are currently providing or have already provided unless you complete this form. Thank you for taking the time to assist this patient. If you or your office have any questions about this form, please call 1-877-202-3282 for assistance.

## Instructions

1. This Physician and Dentist Form must be completed by the patient’s treating physician or dentist.
2. If additional space is needed to complete any section of this form, please attach additional pages and include the patient’s name at the top of each additional page.

## Section 1: General Information

Patient First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

I am a doctor of (check one)  medicine  osteopathy/osteopathic medicine  
 dentistry

Specialties and AMA  
 Physician Specialty Codes: \_\_\_\_\_  
 (if applicable) \_\_\_\_\_  
 \_\_\_\_\_

## Section 2: Medical and/or Dental Condition(s)

I have treated/am treating the patient named above for the following condition(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Section 3: Likelihood that Farid Fata Caused the Condition(s)

Do you believe that it is possible, probable, or definite that the condition(s) for which you are/were treating the patient was/were caused by Farid Fata? If your belief aligns with any of those three levels of likeliness, please check “yes” below. If not, please check “no.”

- Yes, I believe that it is possible, probable, or definite that the condition(s) for which I was/am treating this patient was/were caused by Farid Fata.
- No, I do not believe that it is possible, probable, or definite that the condition(s) for which I was/am treating this patient was/were caused by Farid Fata.

If your answer is “yes” to some of the conditions listed in Section 2, above, and “no” to others, please indicate by writing “yes” or “no” next to each condition.

### Section 4: Treatments

Please list the current and/or past treatments and/or orders and/or services provided to this patient to treat the condition(s) that were possibly, probably, or definitely caused by Farid Fata.

These “treatments, orders, and services” may include:

- Both **past** and **current** treatments
- Both **remedial** treatments and **preventative** treatments
  - Some examples of **remedial** treatments include: office visits to treat a condition, removal of an unnecessary chemotherapy port, medical testing, medical devices (e.g., wheelchairs), prescription medications, dental restoration, physical therapy, and occupational therapy.
  - Some examples of **preventative** treatments include: office visits to monitor for the development of a condition and testing to discern whether a condition is developing.

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### Section 5: Certification of Accuracy of Information

I understand that by signing this document, I am declaring the information on this form to be true and accurate. I further understand that the United States is relying upon the information contained in this form to make a decision about the claims for reimbursement submitted by the patient to the United States District Court. I am legally authorized to practice in the state identified below and I have provided my professional license number below.

Date:   -   -

MM                  DD                  YYYY

Signature of Physician or Dentist

Physician or Dentist First Name  MI  Last Name

Physician or Dentist Address

City  State  ZIP Code

Physician or Dentist Primary Phone  -  -  Physician or Dentist Fax  -  -

Physician or Dentist Email Address

State Where Legally Authorized to Practice

Professional License Number  NPI Number (if applicable)