

In the Court of Common Pleas of MONTGOMERY County, Pennsylvania

DOMESTIC RELATIONS SECTION

DOMESTIC RELATIONS, PO BOX 311, NORRISTOWN, PA. 19404-0311

Phone: (610) 278-3646

Fax: (610) 239-9637

Member Name:
Docket Number:
PACSES Case Number:
Other State ID Number:

Please note: All correspondence must include the PACSES Case Number.

PHYSICIAN VERIFICATION FORM

TO BE COMPLETED BY THE TREATING PHYSICIAN:

Physician's Name: _____

Physician's License Number: _____

Nature of patient's sickness or injury:

(a) Date of first treatment: _____

(b) Date of most recent treatment: _____

(c) Frequency of treatments: _____

(d) Medication: _____

The patient has had a medical condition that affects his or her ability to earn income from:

_____ through _____

If the patient is unable to work, when should the patient be able to return to work? Will there be limitations?

REMARKS: _____

Date: _____

Signed: _____

Signature of Treating Physician

**I authorize my physician to
release the above information to
the MONTGOMERY County
Domestic Relations Section.**

Physician's Address

Physician's Telephone Number

Physician's Telephone Number

Patient's Signature

Date

Form EN-015C

Worker ID

