

## **Attending Physician's Statement**

Patient Information								
Patient's Name:							Date	of Birth:
Address:			City:			State:	Zip:	
Ditt			Division			E 9		
Date:			Phone:			Email:		
Your patient has submitted Medical Appeal process mainpact the player's ability to The Medical Appeals Comn that will be fair to the player on your patient's appeal, the	y grant play te nittee m and to	an appennis at akes a the pla	peal only if a that player's concerted en yer's oppone	player less current ffort to gents. To	has a <b>per</b> nt level of p gather acc assist the	manent, disa olay. curate inform	abling injury nation in an	or illness that would effort to render a decision
Physician's Statement from Please answer the followiletterhead:	you, th	e docto	r treating this	s playe	r's specific			wing information on you
What is the patient's specific injury or illness?								
When did this injury occur symptoms of this illness begin?	or							
Describe any surgery performed:						Date of surgery:		
Describe other treatments received and/or receiving:								
Short Term Prognosis?					Long Ter Prognosi			
What <b>permanent</b> limitatio unable to do)	ns does	s the pa	atient current	ly have	? (Please	be specific a	as to what t	he patient is
nave full recovery eventually?			Yes N	S NoL f		Anticipated date of ull recovery:		
Have you released the patient to play tennis?		Yes N	es No		What date may the patient resume playing tennis?			

Physician Information		
Name of Practice:		
Physician's Name (PRINT):	Specialty:	
Address:		
		T =:
City	State:	Zip:
Phone:	Fax:	
Physician's Signature:		Date:
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