

DR. SCAFURI & ASSOCIATES

Internal Medicine, Pediatrics, and Infectious Diseases

NYC LINE OF DUTY INJURY INFORMATION FORM

Patient's Name: _____

Agency (Circle): NYPD DSNY FDNY

Authorization Number: _____

Date of Injury: _____

Patient Signature

DATE

**A COPY OF THE AUTHORIZATION MUST BE PROVIDED TO THE OFFICE
BEFORE TREATMENT CAN BE RENDERED.**

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