



OCCUSAL REHABILITATION CENTRE

BITE, TMJ, HEAD AND NECK PROBLEM MANAGEMENT

Dr. Abbas Tejani & Dr. John Nasedkin

Motor Vehicle Accident Summary

Patient Name: _____ Date: _____

Accident Report #: _____

ICBC Claim #: _____

Contact Name and #: _____
(ICBC and/or Lawyer)

Accident Date/Time: _____

Road Conditions: _____

Weather Conditions: _____

Vehicle Description: _____
(Make / Model / Year)

What happened? _____

Were you the: Driver? Passenger? Pedestrian? Other?

Where was the car hit? _____

Were you seat-belted? _____ Was there a head rest? _____

Did the airbags deploy? _____

Did you hit anything? _____

Where were you hurt? _____

Cost of damage to car? _____

Did you go to the hospital? _____ Which one? _____

How? Ambulance? _____

Which Physician? _____

Other passengers? _____

Who have you seen since the accident? _____

Symptoms now? _____

Dental appliance? _____

Been to a dentist? _____

Documentation: Medical or other reports? _____
