

**Freeport • Primary Office**

73 Guy Lombardo Avenue
Freeport, NY 11520
p 516.377.3332
f 516.377.3844

Hicksville Office

111 W. Old Country Road, Suite 101
Hicksville, NY 11801
p 516.934.0380
f 516.934.0381

Patient's name: _____

Date of birth: _____

Social Security #: _____

To Whom It May Concern:

I, _____, hereby state that I am currently under professional care at The Pain Group, PLLC, for symptoms not related to an auto accident, and not related to injury at work.

My complaints are: _____

Sincerely,

Signature _____

Date: _____