

Part 7 – Choice in Following Diagnostic and Treatment Protocols

Please state your preference of treatment within or not within the Diagnostic and Treatment Protocols:

- I choose to be treated within the Diagnostic and Treatment Protocols as indicated on Form AB-1
- I choose not to be treated within the Diagnostic and Treatment Protocols

- I am the claimant
- I am the authorized representative of the claimant

I certify that the information provided is true and correct to the best of my knowledge. I confirm that I have consented to the collection, use and disclosure of my personal information for my treatment and care and determination of my eligibility for accident and/or disability income benefits as outline on Form **AB-1**.

Name (Please Print) _____

Signature _____ Date _____