

## MVA/ Injury Waiver Form

Date: \_\_\_\_\_

Re: \_\_\_\_\_

File #: \_\_\_\_\_

Group #: \_\_\_\_\_

ID #: \_\_\_\_\_

To whom it may concern:

This letter is to confirm that I, \_\_\_\_\_ am presently being treated by Dr. Anthony F. Calzaretto. The condition I am being treated for is not related to an auto, work or residential accident.

If you have any further questions regarding my condition, please do not hesitate to contact the doctor at **(856) 667-0505**.

Sincerely,

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*Patient's Signature*