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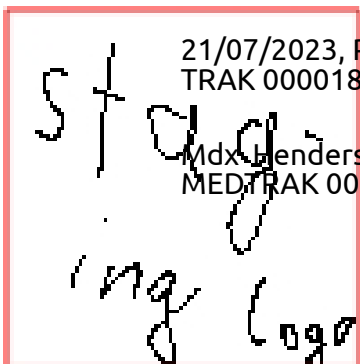
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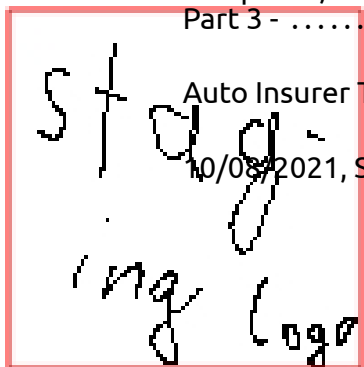
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OCF-18: Treatment and Assessment Plan

1. Claimant Information

Full Name: Johnathan Doe

Date of Birth: January 12, 1985

Health Card Number: 1234-567-890

Gender: Male

2. Insurance Information

Insurance Company: Ontario Auto Insurance Co.

Claim Number: ONT123456789

Policy Number: POL987654321

Date of Accident: June 15, 2025

3. Proposed Provider(s)

Name: Dr. Emily Richards

License Number: 45678X

Profession: Chiropractor

Facility: SpineCare Rehab Clinic

4. Injury Diagnosis

Primary Diagnosis: Cervical sprain/strain (S13.4)

Secondary Diagnosis: Lumbar strain (S33.5)

Other Comments: Patient reports persistent neck and back pain with restricted range of motion.

5. Goals of Treatment/Assessment

- Reduce pain intensity