## **DEMOGRAPHICS**

PATIENT NAME:	Alejandro Vargas	OCCUPATION:	POLICE OFFICER
PATIENT ADDRESS:	5804 Babcock Rd, #122		
	San Antonio, TX 78240		
PATIENT PHONE #:	213-545-4959	CELL PHONE #:	213-545-4959
DATE OF BIRTH:	02/05/1966	SOCIAL SECURITY #:	464-55-6745
EMAIL ADDRESS:	lapd31083@gmail.com		

WCAB #:

**BODY PARTS** 

(818) 788-1705

Hazel Pelayo

CLAIM#

(818) 788-1700

DATE OF INJURY

PHONE #:

APPLICANT ATTORNEY:

CT 08/08/1994 - 06/30/2	2021		ADJ20067674	Cervical Spine, Lumbar Spine, GERD, Hiatal Hernia, Headaches, Umbilical Hernia, Inguinal Hernia, Tinnitus,	
				Dental/Mastication	
	T				
EMPLOYER:					
EMPLOYER ADDRESS:					
	,				
INSURANCE COMPANY:					
INSURANCE ADDRESS:					
INSURANCE PHONE #:		FAX #:			
CLAIMS ADJUSTER:		EXTENS	SION:		
DEFENSE LAW FIRM:					
DEFENSE ADDRESS:					
DEFENSE PHONE #:		FAX #:			
DEFENSE ATTORNEY:			·		
APPLICANT LAW FIRM:	Straussner Sherman Lonne Treger Helquist Krupnik				
LAW FIRM ADDRESS:					
	14555 Sylvan St				
	Van Nuys, CA 91411				
	l * '				

FAX#

CONTACT: