Rate*Fast Express*

For Providers

Fax To: (707) 921-7924

NEW MD Cover Sheet – Page 1 of _____

Patient First Name and Last Initial: _____, ____

Physicians: Please Choose One

- ☐ Ian Ahwah, M.D.
- ☐ Johnson Kwan, M.D.
- ☐ Wais Terrar, M.D.
- ☐ Malcolm Johnson, M.D.
- ☐ Megan Leung, M.D.
- ☐ Other: _____
- ☐ Donald Golden, M.D.
- ☐ Sandra Mills, M.D.

Locations: Please Choose One

☐ **New MD – American Canyon**
3431 Broadway St., Ste. A8
American Canyon, CA 94503
Ph. 707-731-1108
Fx. 707-652-2679

☐ **New MD – El Cerrito**
10612 San Pablo Ave.
El Cerrito, CA 94530
Ph. 510-529-4629
Fx. 510-661-3988

☐ New MD – Future

Injured Body Part: Please Choose One

Spine

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar

Upper Extremities

- ☐ Rt / ☐ Lt Shoulder
- ☐ Rt / ☐ Lt Elbow
- ☐ Rt / ☐ Lt Wrist

Hand

- ☐ Rt / ☐ Lt Thumb
- ☐ Rt / ☐ Lt Index Finger
- ☐ Rt / ☐ Lt Middle Finger
- ☐ Rt / ☐ Lt Ring Finger
- ☐ Rt / ☐ Lt Little Finger

Lower Extremities

- ☐ Rt / ☐ Lt Hip
- ☐ Rt / ☐ Lt Knee
- ☐ Rt / ☐ Lt Ankle
- ☐ Rt / ☐ Lt Great Toe
- ☐ Rt / ☐ Lt Lesser Toes

Skin
☐ Skin

Vision
☐ Rt / ☐ Lt

Hearing
☐ Rt / ☐ Lt

Psychiatric
☐ Comment: _____

Inguinal Hernia
☐ Rt / ☐ Lt

Umbilical Hernia
☐ Rt / ☐ Lt

Other
☐ Specify: _____