



Patient Information and Treatment Authorization

Document Date: 01/03/2023

PATIENT INFORMATION

WESTSTAR LAURIE ESCOBAR

Name:	LAURIE ESCOBAR	SSN:	552-51-7145
Address:	2265 LAKESIDE PLACE #202	Sex:	F
City,St Zip:	CORONA,CA,92879	DOB:	06/26/1964
Home Ph	(951)454-5543	Age:	58
Work Ph:		Email:	
Cell Ph:			

INJURY INFORMATION

Date:	08/12/2022	Post Sx:	
Type:	WC	Sx Date:	

REFERRING DOCTOR INFORMATION

Name:	GLOUSMAN, RONALD	Body Pts:	
Address:	502 S GAREY AVE		
City,St Zip::	POMONA,CA,91766		
Phone:	(909)620-8887	Dx:	

ATTORNEY INFORMATION

Name:	
Address:	
City,St Zip:	
Phone:	

EMPLOYMENT INFORMATION

Name:	
Address:	

City,St Zip::

Phone:

PRIMARY INSURANCE INFORMATION

Name:

Address:

Adj/Ph#:

Type:

Ins Name:

Pol#/Cln#:

SECONDARY INSURANCE INFORMATION

Name:

Address:

Adj/Ph#:

Type:

Ins Name:

Pol#/Cln#:

RELEASE OF INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize West-Star Physical Therapy to release information requested by my insurance carrier concerning this illness

LAURIE ESCOBAR, Patient

01/03/2023

Date Signed