



Patient Information and Treatment Authorization

Document Date: 01/03/2023

PATIENT INFORMATION

WESTSTAR ELISA GUTIERREZ RAYA

Name:	ELISA GUTIERREZ RAYA	SSN:	999-99-9999
Address:	13510 BEAVER STREET	Sex:	F
City,St Zip:	SYLMAR,CA,91342	DOB:	10/13/1969
Home Ph	(818)770-9156	Age:	53
Work Ph:		Email:	
Cell Ph:			

INJURY INFORMATION

Date:	10/13/2022	Post Sx:	
Type:	PI	Sx Date:	

REFERRING DOCTOR INFORMATION

Name:	COSTIGAN, WILLIAM	Body Pts:	
Address:	800 S RAYMOND, 3RD FLOOR		
City,St Zip::	PASADENA,CA,91105		
Phone:	(626)396-1260	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

ELISA GUTIERREZ RAYA, Patient

01/03/2023

Date Signed