



## Patient Information and Treatment Authorization

Document Date: 01/03/2023

### PATIENT INFORMATION #

WESTSTAR GLENN SHERES

Name:	GLENN SHERES	SSN:	999-99-9999
Address:	661 BERMUDA DR	Sex:	M
City,St Zip:	HEMET,CA,92543	DOB:	06/28/1951
Home Ph	(949)280-9321	Age:	71
Work Ph:		Email:	
Cell Ph:	(949)280-9321		

### INJURY INFORMATION

Date:	11/30/2022	Post Sx:	
Type:	WC	Sx Date:	

### REFERRING DOCTOR INFORMATION

Name:	WILKER, MOSHE H	Body Pts:	
Address:	11980 SAN VICENTE BLVD STE 114		
City,St Zip::	BRENTWOOD,CA,90049		
Phone:	(310)337-7463	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

\_\_\_\_\_  
GLENN SHERES, Patient

**01/03/2023**

\_\_\_\_\_  
Date Signed