



Patient Information and Treatment Authorization

Document Date: 01/03/2023

PATIENT INFORMATION

WESTSTAR MARCO ANTONIO CLEMENTE

Name:	MARCO ANTONIO CLEMENTE	SSN:	764-64-0237
Address:	1033 W CANARY WAY APT A	Sex:	M
City,St Zip:	ANAHEIM,CA,92801	DOB:	07/07/1982
Home Ph	(714)328-5595	Age:	40
Work Ph:		Email:	
Cell Ph:	(213)915-9988		

INJURY INFORMATION

Date:	09/20/2022	Post Sx:	
Type:	WC	Sx Date:	

REFERRING DOCTOR INFORMATION

Name:	SALOMON, MICHAEL	Body Pts:	
Address:	155 W HOSPITALITY LANE STE 220		
City,St Zip::	SAN BERNARINO,CA,92408		
Phone:	(323)435-4523	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

MARCO ANTONIO CLEMENTE, Patient

01/03/2023

Date Signed