



Patient Information and Treatment Authorization

Document Date: 01/09/2023

PATIENT INFORMATION

WESTSTAR MARGARITA MARTINEZ GONZALEZ

Name:	MARGARITA MARTINEZ GONZALEZ	SSN:	615-35-0999
Address:	10371 PARK AVE APT A	Sex:	F
City,St Zip:	GARDEN GROVE,CA,92840	DOB:	10/03/1974
Home Ph	(714)341-3264	Age:	48
Work Ph:		Email:	
Cell Ph:			

INJURY INFORMATION

Date:	08/16/1999	Post Sx:	
Type:	WC	Sx Date:	

REFERRING DOCTOR INFORMATION

Name:	NASSOS, JONATHAN	Body Pts:	
Address:	724 CORPORATE CENTER DRIVE		
City,St Zip::	POMONA,CA,91768		
Phone:	(909)622-6222	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

MARGARITA MARTINEZ GONZALEZ, Patient

01/09/2023

Date Signed