



Patient Information and Treatment Authorization

Document Date: 12/28/2022

PATIENT INFORMATION

WESTSTAR JUAN MANUEL FREGOSO

Name:	JUAN MANUEL FREGOSO	SSN:	999-99-9999
Address:	9122 CROCE DRIVE	Sex:	M
City,St Zip:	FONTANA,CA,92335	DOB:	01/27/1957
Home Ph	(909)896-4046	Age:	65
Work Ph:		Email:	
Cell Ph:			

INJURY INFORMATION

Date:	08/10/2016	Post Sx:	
Type:	WC	Sx Date:	

REFERRING DOCTOR INFORMATION

Name:	SOLBERG, BRIAN	Body Pts:	
Address:			
City,St Zip::	LOS ANGELES,CA,		
Phone:	(213)742-8407	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

JUAN MANUEL FREGOSO, Patient

12/28/2022

Date Signed