



Patient Information and Treatment Authorization

Document Date: 01/11/2023

PATIENT INFORMATION

WESTSTAR ARACELI RODRIGUEZ

Name:	ARACELI RODRIGUEZ	SSN:	564-45-4586
Address:	5944 WATCHER STREET	Sex:	F
City,St Zip:	BELL GARDENS,CA,90201	DOB:	09/05/1969
Home Ph	(323)450-6717	Age:	53
Work Ph:		Email:	
Cell Ph:			

INJURY INFORMATION

Date:	10/14/2022	Post Sx:	
Type:	One Call	Sx Date:	

REFERRING DOCTOR INFORMATION

Name:	CHEUNG, CHI	Body Pts:	
Address:	9449 E. IMPRL. HWY., STE D-140		
City,St Zip::	DOWNEY,CA,90242		
Phone:	(562)657-2200	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

ARACELI RODRIGUEZ, Patient

01/11/2023

Date Signed