



## Patient Information and Treatment Authorization

Document Date: 01/10/2023

### PATIENT INFORMATION #

WESTSTAR JONATHAN VINCENT CANALES

Name:	JONATHAN VINCENT CANALES	SSN:	610-24-8605
Address:	2232 VIA CORONA APT C	Sex:	M
City,St Zip:	MONTEBELLO,CA,90640	DOB:	08/25/1979
Home Ph	(323)816-0883	Age:	43
Work Ph:		Email:	
Cell Ph:			

### INJURY INFORMATION

Date:	07/01/2022	Post Sx:	
Type:	WC	Sx Date:	

### REFERRING DOCTOR INFORMATION

Name:	MIRZAIANS, ARBI	Body Pts:	
Address:	11682 ATLANTIC AVE		
City,St Zip::	LYNWOOD,CA,90262		
Phone:	(310)537-7600	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

JONATHAN VINCENT CANALES, Patient

**01/10/2023**

Date Signed