



Patient Information and Treatment Authorization

Document Date: 12/30/2022

PATIENT INFORMATION

WESTSTAR CRISTELA LAZO

Name:	CRISTELA LAZO	SSN:	999-99-9999
Address:	349 E 9TH STREET	Sex:	F
City,St Zip:	LONG BEACH,CA,90813	DOB:	10/01/1988
Home Ph	(626)975-0618	Age:	34
Work Ph:		Email:	
Cell Ph:			

INJURY INFORMATION

Date:	11/29/2022	Post Sx:	
Type:	PI	Sx Date:	

REFERRING DOCTOR INFORMATION

Name:	ACCESS, DIRECT	Body Pts:	
Address:	123 DIRECT ACCESS		
City,St Zip::	DIRECT,CA,92801		
Phone:	(123)456-7896	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

CRISTELA LAZO, Patient

12/30/2022

Date Signed