



Patient Information and Treatment Authorization

Document Date: 12/29/2022

PATIENT INFORMATION

WESTSTAR TONY SANCHEZ

Name:	TONY SANCHEZ	SSN:	999-99-9999
Address:	4430 CITY TERRACE DR	Sex:	M
City,St Zip:	LOS ANGELES,CA,90063	DOB:	10/20/1949
Home Ph	(323)683-7150	Age:	73
Work Ph:		Email:	
Cell Ph:	(323)770-2891		

INJURY INFORMATION

Date:	04/30/2015	Post Sx:	
Type:	WC	Sx Date:	

REFERRING DOCTOR INFORMATION

Name:	SOBECK, GREGG	Body Pts:	
Address:	4955 VAN NUYS BLVD STE 615		
City,St Zip::	SHERMAN OAKS,CA,91403		
Phone:	(818)905-2222	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

TONY SANCHEZ, Patient

12/29/2022

Date Signed