



## Patient Information and Treatment Authorization

Document Date: 01/05/2023

PATIENT INFORMATION #103481

WESTSTAR JUAN AGUIRRE

Name:	JUAN AGUIRRE	SSN:	745-18-1520
Address:	141 N. MONTEREY AVENUE	Sex:	M
City,St Zip:	ONTARIO,CA,91764	DOB:	03/22/1986
Home Ph	(909)235-1252	Age:	36
Work Ph:	(909)941-6131	Email:	
Cell Ph:			

### INJURY INFORMATION

Date:	09/16/2010	Post Sx:	
Type:	WC	Sx Date:	

### REFERRING DOCTOR INFORMATION

Name:	WU, JACK C	Body Pts:	
Address:	3550 E PHILADELPHIA ST STE 150		
City,St Zip::	ONTARIO,CA,91761		
Phone:	(909)773-0022	Dx:	

### ATTORNEY INFORMATION

Name:	
Address:	
City,St Zip:	
Phone:	

### EMPLOYMENT INFORMATION

Name:	TRI STATE STAFFING
Address:	

City,St Zip::

Phone:

**PRIMARY INSURANCE INFORMATION**

Name: LUMBERMAN'S UNDERWRITING

Address:

Adj/Ph#:

Type: HEATHER PHILLIPS (877)230-0447

Ins Name:

Pol#/Cln#:

CA338264

**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 AGUIRRE, Patient

01/05/2023

Date Signed