



Patient Information and Treatment Authorization

Document Date: 01/10/2023

PATIENT INFORMATION

WESTSTAR JUAN HERNANDEZ IBARRA

Name:	JUAN HERNANDEZ IBARRA	SSN:	999-99-9999
Address:	10211 JENNRICH AVE	Sex:	M
City,St Zip:	GARDEN GROVE,CA,92843	DOB:	11/07/1984
Home Ph	(657)346-6444	Age:	38
Work Ph:		Email:	
Cell Ph:			

INJURY INFORMATION

Date:	03/07/2022	Post Sx:	
Type:	WC	Sx Date:	

REFERRING DOCTOR INFORMATION

Name:	PAZMINO, PABLO	Body Pts:	
Address:	4014 LONG BEACH BLVD STE 210		
City,St Zip::	LONG BEACH,CA,90807		
Phone:	(562)977-7100	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

JUAN HERNANDEZ IBARRA, Patient

01/10/2023

Date Signed