



Southern California
Medical Group

EDWIN HARONIAN, MD
Orthopedic and Spine Surgeon

JONATHAN KOHAN, MD
Anesthesiologist Pain Management

ALLEN MASSIHI, DPM
Podiatrist

HEATH HINZE, PSY. D
Clinical Psychologist

RONALD E. GLOUSMAN, MD
Sports Medicine & Arthroscopic Surgery

LEVI HARRISON, MD
Hand Surgery

EDWIN ASHLEY, MD
Hand Surgery

BERKAY UNAL, MD
Orthopedic Surgery & Joint Replacement

KAMRAN HAKIMIAN, MD
Physical Medicine & Rehabilitation

WALTER H. BURNHAM, MD
Spine Surgery

NICOLE RECORD, DO
Spine Surgery

Tel: 818-788-2400 Ext. 103 Direct Line: 818-616-1623 Direct Fax: 818-788-2333 - Email: NewPatient@socalmedical.com

Scheduling Department/Locations:

Sherman Oaks

Pomona

Los Angeles

WC 2nd Treat WC PTP QME AME IME CONSULT PRIVATE

Post Termination Claim? Yes No We accept post termination claims only with explanation.

PATIENT'S NAME: _____

TELEPHONE NO: (_____) _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

REFERRING SOURCE/PROVIDER:

GROUPS NAME: _____ PRIMARY TREATING PHYSICIAN _____

ADDRESS: _____

TELEPHONE NO: (_____) _____ EMAIL: _____

INSURANCE: _____ DOI: _____

ADDRESS: _____ PRIMARY TREATING PHYSICIAN _____

TELEPHONE NO: (_____) _____ FAX NO: (_____) _____

CLAIM #: _____ WCAB#: _____

ADJUSTER NAME: _____ TELEPHONE NO: _____

BODY PARTS TO BE TREATED: _____

APPLICANT ATTORNEY: _____

ADDRESS: _____

TELEPHONE NO: (_____) _____ FAX NO: (_____) _____

ADJUSTER NAME: _____ TELEPHONE NO: _____

DEFENSE ATTORNEY: _____

ADDRESS: _____

TELEPHONE NO: _____ FAX NO: (_____) _____

CONTACT NAME: _____ EMAIL: _____

EMPLOYER: _____

ADDRESS: _____

TELEPHONE NO: (_____) _____ FAX NO: (_____) _____

This completed document along with all applicable medical records can be sent to NewPatient@socalmedical.com

No children allowed in the office no exception