



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

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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