

# EDWIN HARONIAN, M.D.

DISORDERS & SURGERY OF THE SPINE



## Centralized Scheduling

Tel: (818)788-2400 Ext: 1

Fax: (818)788-2453



STEP 1

Collect all diagnostic studies, other consultation reports, and any other pertinent information for the patient.



STEP 2

Fax above information, demographic information, and desired date for appointment to (818)788-2453



STEP 3

Call either today or tomorrow and ask to speak with patient scheduling (*extension 1*) to verify the date of appointment. We will call the patient and arrange for transportation if required. Please read the reverse side of this page for other information about office policy and procedure. We will fax you the date of the appointment and will also contact patient for appointment.

- WC 2<sup>nd</sup> Treat    WC Primary treating physician    Surgery consultation    QME    AME  
 Private Insurance    Personal Injury

Patient's Name: \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S. #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Home Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_ WCAB# \_\_\_\_\_

Body Parts to be treated: \_\_\_\_\_

Claims Adjuster: \_\_\_\_\_ Ext #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

PLEASE SEE REVERSE FOR ADDITIONAL INFORMATION