

# MITCHEL U. SILVERMAN, M.D.

## INTAKE FORM

COMPLETE FORM TO SCHEDULE AN APPOINTMENT & EMAIL TO:

[brenda@musmd.com](mailto:brenda@musmd.com)

For additional information please contact our office at (818) 990-4263 or visit our website

[www.mitchelusilvermanmd.com](http://www.mitchelusilvermanmd.com)

**EXAM TYPE:** RE-EVAL  AME  AME/ADR  IME/ADR  IME/ERP  DR/IME  QME  PANEL QME

<b>CLAIMANT INFORMATION:</b>  INTERPRETER: YES <input type="checkbox"/> NO <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> LANGUAGE: _____  NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____ SSN: _____ DOB: _____	<b>CLAIM INFORMATION:</b>  CLAIM #: _____ DOI: _____ ADJ#: _____ PANEL # _____ BODY PARTS (PLEASE SPECIFY BILATERAL/ LEFT OR RIGHT): _____ _____ <i>Disclosure: Please complete one form per claim.</i> Contact information of person completing intake form. NAME: _____ PHONE: _____ E-MAIL: _____
<b>EMPLOYER INFORMATION:</b>  OCCUPATION: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ HIRE DATE: _____	<b>DEFENSE ATTORNEY INFORMATION:</b>  FIRM NAME: _____ ADDRESS: _____ CITY: _____ ZIP CODE: _____ PHONE: _____ FAX: _____ ATTORNEY: _____ LEGAL ASSISTANT: _____ EMAIL: _____
<b>ADJUSTER INFORMATION:</b>  INSURANCE COMPANY: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____ FAX: _____ EMAIL: _____	<b>APPLICANT'S ATTORNEY INFORMATION:</b>  FIRM NAME: _____ ADDRESS: _____ CITY: _____ ZIP CODE: _____ PHONE: _____ FAX: _____ ATTORNEY: _____ LEGAL ASSISTANT: _____ EMAIL: _____

### NOTIFY THE CLAIMANT OF THE FOLLOWING:

- Must provide a telephonic medical history at least one month prior to the scheduled appointment.
  - Allow 4-8 hours for appointment
  - Parking fee \$20.00 cash (no validation)

Office address: 16030 Ventura Blvd., SUITE 400, Encino, CA 91436

Only electronic medical records are accepted. **WE ARE NOW PAPERLESS.** CD's will not be accepted.

[Email medical records and executed cover letters one month prior to evaluation to brenda@musmd.com.](mailto:brenda@musmd.com)

**Cancellation/Reschedule Policy: Must receive written notice 6 business days prior to evaluation to avoid fees.**