

MITCHEL U. SILVERMAN, M.D.

INTAKE FORM

COMPLETE FORM TO SCHEDULE AN APPOINTMENT & EMAIL TO:

brenda@musmd.com

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

www.mitchelusilvermanmd.com

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

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

NOTIFY THE CLAIMANT OF THE FOLLOWING:

- Please inform the claimant she/he will be contacted by our medical historian, Alex Alvarez (562) 688-9593.
- The medical historian will schedule a telephonic medical history appointment prior to the evaluation.
- Parking fee \$24.00 (no validation). •Allow 3-4 hours for appointment.

Mailing address: 16030 VENTURA BLVD., SUITE 400, ENCINO, CA 91436

WE ARE PAPERLESS. Please email all cover letters and medical records to:

fatima@musmd.com at least **4 WEEKS** or sooner prior to scheduled evaluation.

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