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 ☐

CLAIMANT INFORMATION:

INTERPRETER: YES ☐ NO ☐ MALE ☐ FEMALE ☐
LANGUAGE: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ZIP CODE: _____
HOME PHONE: _____
CELL PHONE: _____
EMAIL: _____
SSN: _____DOB: _____

CLAIM INFORMATION:

CLAIM #: _____
DOI: _____
ADJ#: _____PANEL # _____
BODY PARTS *(PLEASE SPECIFY BILATERAL/ LEFT OR RIGHT):*
_____
_____

Disclosure: Please complete one form per claim. Contact information of person completing intake form.
NAME: _____
PHONE: _____
E-MAIL: _____

EMPLOYER INFORMATION:

OCCUPATION: _____
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ZIP CODE: _____
HIRE DATE: _____

DEFENSE ATTORNEY INFORMATION:

FIRM NAME: _____
ADDRESS: _____
CITY: _____ZIP CODE: _____
PHONE: _____FAX: _____
ATTORNEY: _____
LEGAL ASSISTANT: _____
EMAIL: _____

ADJUSTER INFORMATION:

INSURANCE COMPANY: _____
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ZIP CODE: _____
PHONE: _____FAX: _____
EMAIL: _____

APPLICANT'S ATTORNEY INFORMATION:

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 *fatima@musmd.com.*

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