

# SYNAPSE

## ORTHOPEDIC GROUP

☐ **Edwin Haronian M.D.**  
Orthopedic and Spine Surgery  
☐ **Jonathan F Kohan M.D.**  
Pain Management / Anesthesiology

☐ **Jonathan Nassos M.D.**  
Orthopedic Surgeon  
☐ **Sherry Leoni D.C.**  
Doctor of Chiropractic

☐ **Arash Yaghoobian M.D.**  
Orthopedic and Spine Surgery  
☐ **Heath Hinze Psy.D.**  
Clinical Psychologist

**Scheduling Department / Locations:** ☐ Sherman Oaks Office ☐ Pomona Office ☐ Beverly Hills Office  
(Dr. Nassos Only)

**Tel: 818-788-2400 Ext.103 • Direct Line 818-616-1623 • Direct Fax: 818-788-2333 • Email: NewPatient@synapsedoctor.com**

☐ 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.: (\_\_\_\_\_) \_\_\_\_\_ Cell No.: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S. \_\_\_\_\_

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

**REFERRING SOURCE / PROVIDER:**

Group Name: \_\_\_\_\_ Primary Treating Physician: \_\_\_\_\_

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

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**INSURANCE:** \_\_\_\_\_ DOI \_\_\_\_\_

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

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

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

Adjuster Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**BODY PARTS TO BE TREATED:** \_\_\_\_\_

**APPLICANT ATTORNEY:** \_\_\_\_\_

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

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

**DEFENSE ATTORNEY:** \_\_\_\_\_

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

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

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

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

**Please provide us with the reports of all diagnostic studies available along with this document.  
Initial visit may take up to 3-4 hours**