

# WC

# Robert Bruce Miller MD

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Fremont, CA 94538  
510-795-7746 Fax 510-795-7710

**PLEASE PRINT**

Date	Account No.	<input type="checkbox"/> Consult	<input type="checkbox"/> Exam and Treat	<input type="checkbox"/> 2nd Opinion
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**PATIENT**

Last Name		First Name		M.I.	Sex M F
Date of Birth	Age	Marital Status M W D S SEP	Social Security #	Driver's License #	
Address			Home Phone ( )		
Address			Work Phone ( )		
City	State	Zip	Cell Phone ( )		
Employer			Employer Fax ( )		
Employer Address			Occupation		
City	State	Zip	Date of Injury (MANDATORY)		
Referring Doctor		Address			

**INDUSTRIAL INSURANCE CARRIER INFORMATION**

Carrier Name	Phone ( )		
Address	Fax ( )		
City	State	Zip	Claim #
Claims Adjuster/ Nurse Case Manager			

The practice of Robert Miller is frequently subject to emergencies. Although we try to maintain our office schedule, there are times when we must reschedule appointments. For this reason, it is very important that we have a phone number where you can be reached or where a message can be left.

Daytime phone number for emergencies:	( )
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I hereby authorize Robert Bruce Miller, MD, Inc. to furnish the above-mentioned insurance company all information which said insurance company may request. In the event this claim is denied by my workers' compensation carrier, I will supply Robert Bruce Miller, MD, Inc. with my private insurance information and will be held financially responsible for all charges.

**If you cannot keep your future appointments, notify the office at least 24 hours in advance.**

Patient or Guardian Signature	Date
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