Rajit Saluja, M.D.

Patient Information

Appointment Date and Time: Location:

Last Name First Name MI Soc Sec Number

Address City State Zip Code

Date of Birth Home Phone Work Phone

Married Single Spouse Name Spouse Date of Birth
Widowed Divorced

Employer Work Injury Yes No Date of Injury

Referred By Primary Physician

Reason for Visit

Have XRAYS, MRI or Bone Scan been done? Yes No
Instruct Patient to bring films AND report

Insurance Information ***CO – PAY $***

Insurance Company ID # Group Number

Name of Subscriber Relation to Subscriber

Is referral needed? Yes No ?

Who will get the referral? Patient Primary Physician Office Our Office

I hereby authorize Dr. Saluja to release information related to this claim. I further authorize payment directly to Dr. Saluja of benefits due me for the services described herein. I understand that I am financially responsible for charges not covered by this authorization.

I give my consent to my physician, other physicians and their assistants and designees to provide me with such medical, surgical, diagnostic or other treatment services judged necessary and /or appropriate. The consent includes my consent, for diagnostic procedures and all medical treatment rendered at my physicians office under his or her instructions including x-ray and laboratory procedures and other tests, treatments or medication, monitoring and all procedures or treatments that do not require my specific informed consent

Signature Date