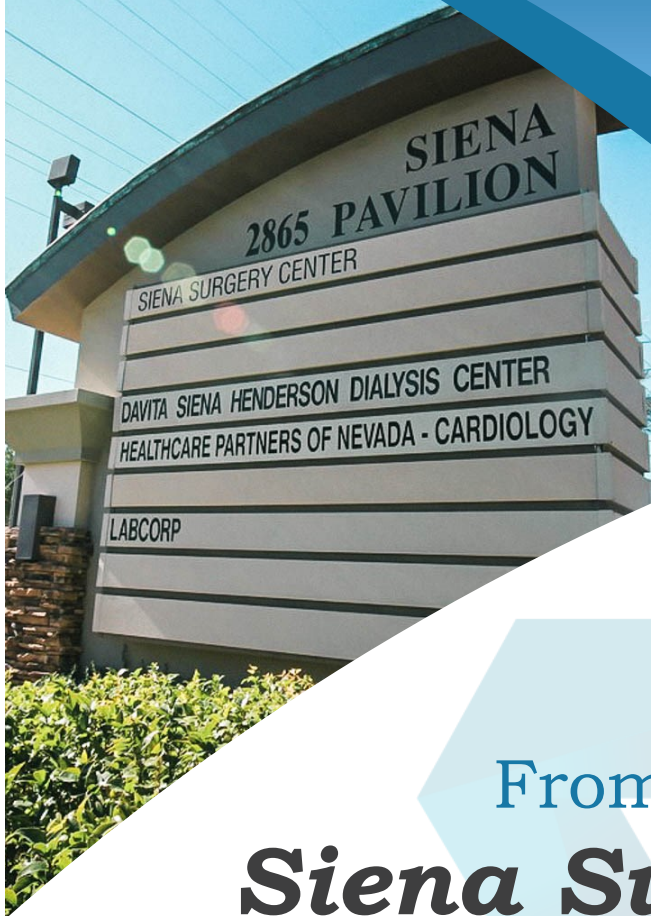


Commitment to Patient Safety

For the protection of our patients Siena Surgery Center meets or exceeds CDC requirements for infection control. To minimize exposures to respiratory pathogens Siena Surgery Center has enacted measures to be implemented before you arrive and the day you arrive for your procedure or surgery.

- **Before Arrival**
 - When scheduling appointments for a procedure or surgery you will be asked to call and reschedule your appointment if you develop symptoms of a respiratory infection (e.g., cough, sore throat, fever).
- **Upon Arrival**
 - You will check in at Siena Surgery Center along with your driver. The receptionist will collect the contact phone number from your driver/escort. Following CDC guidelines to distance people from one another your driver will be asked to leave the waiting room. He or she may wait in their car or they may go home if it's within a reasonable distance from the surgery center.
 - For your protection and the protection of family members, drivers/escorts and staff, no visitors will be allowed in the waiting room or the Pre-Op or Recovery Room areas.
- **Discharge**
 - Your driver will be called when you are ready for discharge and you will be wheeled out to the car. It is not necessary for your driver to come back into the building.
 - Your driver should feel free to call (702)586-3211 for an update on your discharge if he or she feels enough time has passed and has not yet been contacted.



From all of us at
Siena Surgery Center

“We welcome and thank you for allowing us the
privilege of meeting your surgical needs.”

This paperwork is preferred to be completed prior to your appointment. Should it not be, you will be required to arrive earlier to complete in the waiting room.

NO PRE-REGISTRATIONS



2865 Siena Heights Dr. Suite #200
Henderson, Nevada 89052
Phone: 702-586-3211
Fax: 702-586-4922
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WELCOME TO SIENA SURGERY CENTER

SURGERY CHECKLIST

1. Photo ID
2. Insurance card(s)
3. Insurance Co-pays and deductibles are due on the date of service. *We accept cash, checks and credit cards*
4. A responsible adult to accompany you home. **You cannot drive yourself home. DO NOT arrive alone by taxi.**
5. Complete this packet
6. If you have an Advance Directive – bring a copy.
7. If you are the legal guardian of the patient being seen, documentation of guardianship will be required at registration.

Please leave all valuables at home, including jewelry

The Siena Surgery Center is a multi-specialty ambulatory surgery center. Our mission for our patients includes providing safe surgical care with competent physicians and staff members. We provide friendly, convenient and quality care to all of our patients, as we would want for our own families.

Your procedure/surgery has been scheduled at Siena Surgery Center. Our registration department will be calling you at least 24 hours prior to the procedure/surgery to give you an arrival time and your co-pay if applicable.

If your doctor has ordered pre-operative tests, (lab, EKG, or x-ray), have your tests done at least 3 days prior to surgery.

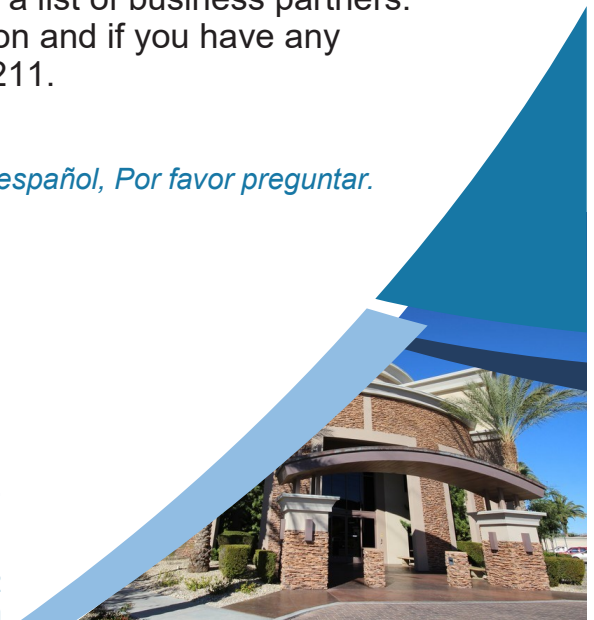
PATIENT INFORMATION PACKET

As required by federal regulations, CMS, effective 01/05/15, this Patient Information Packet is provided to you and includes information regarding Patient Rights and Responsibilities, Advance Directive and the corresponding Policy, and a list of business partners. Please read this information and if you have any questions, call 702-586-3211.

Si desea esta información en español, Por favor preguntar.



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IMPORTANT INSURANCE INFORMATION

PLEASE READ:

Your insurance company will be billed separately by each provider or service for the procedure you are having done. You will receive a statement of your account from Siena Surgery Center. In addition to our facility fee, there will be separate billing from the surgeon, anesthesiologist, laboratory and radiology. If implants are used, implants may be billed separately also.

Siena Surgery Center works out of network with many insurance companies. Please ask at registration if SSC is contracted or out of network with your insurance company.

To discuss your bill or any concerns you may have, please feel free to contact the Business Office at 702-776-7164. We are here to assist you Monday – Thursday, 8 am – 4:00 pm.

Notice to Patients Regarding the Destruction of Health Care Records:

Health care records may be destroyed after the period set forth in NRS 629.051.

In accordance with NRS 629.015, SSC shall retain healthcare records at least 5 years after their receipt or production. Health care records of a person who is less than 23 years of age shall not be destroyed. The health care records of a person who has attained the age of 23 years may be destroyed when those records have been retained for at least 5 years.

We are proud of the care we provide at SSC. SSC's infection control rates will be posted in the patients' changing room as we move forward. A copy will be available upon request.



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PATIENTS' BILL OF RIGHTS AND PATIENTS' RESPONSIBILITIES

The **Siena Surgery Center (SSC)** recognizes the basic human rights of patients as well as the responsibilities patients have. The SSC treats its patients with respect, consideration, and dignity. The SSC will inform patients' or the patients' representative or the patients' surrogate of their patients' rights, protect and promote the exercise of such rights. The SSC will also inform patients of their responsibilities.

I. Patients' Bill of Rights: The patients of Siena Surgery Center have the rights to the following:

- A. **Respect and Nondiscrimination:** To be treated with respect, consideration, dignity and non-discriminatory care from their doctors and other healthcare providers without regard to race, color, national origin, disability, or age and to exercise his/her rights without being subjected to discrimination or reprisal.
- B. **Privacy and safety:** To appropriate, personal privacy; to receive care in a safe setting, be free from all forms of abuse or harassment.
 1. **Confidentiality of Health Information and Clinical Records:** To talk in confidence with health care providers and to have their health care information, to include disclosures and records, protected and treated confidentially; to review and copy their medical record and request their physician(s) amend their record if it is not accurate, relevant, or complete. Except when required by law, the patients may approve or refuse the release of their medical records.
- C. **When the need arises, reasonable attempts are made for health care professionals and other staff to communicate to in the language or manner primarily used by the patient.**
- D. **Information Disclosure:** Patients are provided, to the degree known, complete, accurate, and easily understood information concerning their diagnosis, evaluation, treatment, prognosis, the health care professional providing care and about SSC's healthcare facility. Assistance will be provided if a patient speaks another language, has a physical or mental disability, or does not understand so the patient can make informed health care decisions. When it is medically inadvisable to give such information to a patient, the information is given to a person designated by the patient or to a legally authorized person.
- E. **Participation in Treatment Decisions;** to make informed decisions regarding their care. To know diagnosis, medical risks, and the expected outcomes before treatment performed; to participate in decisions about their care except when such participation is contraindicated for medical reasons. Parents, guardians, family members, or other individuals that are designated by the patients can represent them if they cannot fully participate or make their own decisions, and to know they have the right to refuse treatment and possible consequence(s) of the refusal.
- F. **Information is available to patients and staff concerning:**
 1. Patients' Bill of Rights
 2. Patients' conduct and responsibilities as listed in II below.
 3. Services available at SSC: Surgical and pain management services are provided on an ambulatory basis and patients are discharged home with a responsible adult, with exception, on the same day as their date of service.



PATIENTS' BILL OF RIGHTS AND PATIENTS' RESPONSIBILITIES

4. The provisions for after hour or emergency care: After SSC's hours of operation, the patients will call their surgeon or physician, go to the emergency room directly, or call 911 if the patients believe their situation is life threatening. SSC does not provide emergency care as one of its independent services. If patients have a life threatening emergency in the SSC, SSC cannot provide the complete services necessary to properly treat them. The attending physician will inform the patient, the patient's representative or the patient's surrogate on the need to transfer him/her to the hospital.
5. Fees for services and billing information.
6. Payment policies.
7. Patients' right to refuse to participate in research as applicable to SSC.
8. Advance directives, as required by state or federal law and regulations.
9. Credentialing of healthcare professionals.
10. The absence of malpractice coverage if applicable.
11. How to voice or submit in writing grievances regarding treatment or care that is (or fails to be) furnished.

Patients have the right to fair, fast, and objective review of any complaint you have against Siena Surgery Center, your doctors, or other health care personnel without fear of reprisal. This includes complaints about waiting times, operating hours, the actions of health care personnel, and the adequacy (or lack of) of treatment or care.

Contact information if you feel as if any Rights were violated are as follows: Voice grievances regarding treatment or care that is (or fails to be) furnished; Contact person or persons are:

**Kim Lewis, Siena Surgery Center Administrator
Quality and Compliance**

2865 Siena Heights Dr. Suite 200
Henderson, Nevada 89052
(702) 586-3211
Fax: (702) 586-4922

Maria Collier, Bureau of Healthcare

4220 S. Maryland Parkway, Building D, Suite 810
Las Vegas, Nevada 89119
(702) 486-6515
Fax: (702) 486-6520

Website for Medicare beneficiary for SSC: www.palmettogba.com/pallmetto.nsf/SiteHome:ReadForm
Website or for Center for Medicare and Medicaid Services: <http://www.cms.hhs.gov/center/ombudsman.asp>
or 1-800-MEDICARE

12. Methods for providing feedback, including complaints- same as number 11, made to the appropriate person or agency.



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PATIENTS' BILL OF RIGHTS AND PATIENTS' RESPONSIBILITIES

13. To know physicians who have financial interest or ownership in the SSC. The list of physicians with partner ownership is included in the patients' Patient Information Packet and also posted visibly in the SSC's waiting area.
- G. Patients' responsibilities as listed below.
- H. Change providers if other qualified providers are available.

II. Patients' Responsibilities: The patients of SSC have the following responsibilities:

- A. Provide complete and accurate information to the best of his/her ability about his/her health, copy of Advance Directives if applicable, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- B. Follow the treatment plan prescribed by his/her doctor. Cooperate with all surgery personnel and ask questions of healthcare providers if directions or instructions are not understood.
- C. Provide a responsible adult to transport him/her home from SSC and remain with him/her for 24 hours, if required by the attending doctor.
- D. Accept personal financial responsibility for any charges not covered by his/her insurance.
- E. Be respectful of all health care professionals and staff, as well as other parties and respect for property.
- F. Provide a responsible adult to transport him/her home from SSC and remain with him/her for 24 hours, if required by his/her provider.
- G. Personal Property: Leave valuable, jewelry, and non-essential items at home. SSC is not responsible for patient's valuables unless valuables are locked in a safe place in SSC.
- H. Advise their doctor, nurse, or any other healthcare professional in SSC of any dissatisfaction with their care or service received.



SIENA SURGERY CENTER'S POLICY AND PATIENT INFORMATION CONCERNING ADVANCED DIRECTIVES

WHAT IS AN "ADVANCED DIRECTIVE?"

An "Advanced Directive" is a written advance directive for health care, which you complete in advance of serious illness, about how you want medical decisions made. The term includes:

1. A "Living Will" or "Declaration"; and
2. "Durable Power of Attorney for Health Care" decisions.
3. A do-not-resuscitate order.

The first two terms are the most common forms of Advanced Directives.

An Advanced Directive allows you to state your choices for health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment. In short, an Advanced Directive can enable you to make decisions about our future medical treatment. You can say "yes" to treatment you want, or say "no" to treatment you don't want.

WHAT IS A LIVING WILL OR DECLARATION?

A Living will or Declaration generally states the kind of medical care you want (or do not want) if you become unable to make your own decisions. It is called a "Living Will" because it takes effect while you are still living. The Nevada Legislation has used the word "Declaration" as it is the preferred type of Advanced Directive. Nevada forms of Declarations are found in NRS 449.830 and NRS 449.535 for withholding or withdrawal of Life-Sustaining Treatment.

WHAT IS DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS?

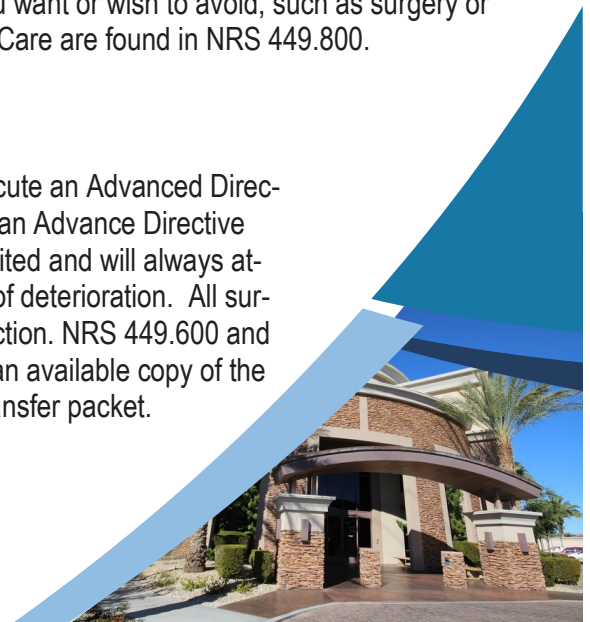
A "Durable Power of Attorney for Health Care" is a signed, dated, and witnessed paper naming another person, such as a husband, wife, daughter, son, or close friend as your "agent" or "proxy" to make medical decisions for you if you should be unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid, such as surgery or artificial feeding. The statutes regarding a Durable Power of Attorney for Health Care are found in NRS 449.800.

SIENA SURGERY CENTER'S POLICY ON ADVANCE DIRECTIVES

The Siena Surgery Center acknowledges and respects the patients' right to execute an Advanced Directives (CMS 42CFR789, Section.489.100 and following). SSC cannot implement an Advance Directive due to its institution-wide medical professional conscience objection. SSC is limited and will always attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration. All surgeries and or procedures provided by SSC are affected by this conscience objection. NRS 449.600 and following permits such an objection. If the patient is transferred to the hospital, an available copy of the existing Advance Directives will be forwarded to the receiving hospital via SSC's transfer packet.



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QUESTIONS AND ANSWERS - ADVANCED DIRECTIVES

DO I HAVE TO WRITE AN ADVANCE DIRECTIVE UNDER THE LAW?

NO. It is entirely up to you.

CAN I CHANGE MY MIND AFTER I WRITE A DECLARATION OR DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISION?

If you wish to cancel an advance directive while you are in the hospital, you should notify your doctor, your family, and others who may need to know. Even without a change in writing, your wishes stated in person directly to your doctor generally carry more weight than a Declaration or Durable Power of Attorney for Health Care Decisions, as long as you can decide for yourself and can communicate your wishes. But be sure to state your wishes clearly and be sure that they are understood.

IF I AM IN A TERMINAL CONDITION (I AM DYING AND THERE IS NO HOPE OF A CURE) AND I AM NO LONGER ABLE TO MAKE DECISIONS REGARDING ADMINISTRATION OF LIFE-SUSTAINING TREATMENT AND HAVE NO ADVANCE DIRECTIVE, CAN LIFE-SUSTAINING TREATMENT BE WITHHELD OR WITHDRAWN?

YES. If your spouse, an adult child or if more than one child, a majority of the adult children who are reasonably available for consultation, your parents, an adult brother or sister, if there is more than one sibling (brother or sister) a majority of the adult siblings who are reasonably available for consultation, or the nearest other adult relative by blood or adoption who is reasonably available for consultation, in that order of priority, may in good faith and for your best interest, consent in writing attested by two witnesses to the withholding or withdrawal of treatment.

WHO DECIDES WHETHER I AM UNABLE TO MAKE A DECISION REGARDING TREATMENT?

Your attending physician.

MAY I MAKE AN ORAL ADVANCE DIRECTIVE?

NO. An Advance Directive must be formal writing and must be signed by two witnesses. However, you may orally revoke an existing Advance Directive.

IS IT ADVISABLE TO HAVE A COMBINED DIRECTIVE (Declaration and Durable Power of Attorney for Health Care Decisions in one document)?

Nevada law does not specifically provide for a combined directive nor does it prohibit one. If possible, you should have a Declaration and a Durable Power of Attorney for Health Care Decisions, either combined or separately, so that your desires have the strongest basis for legal enforcement.

SHOULD I DISCUSS MY PLAN TO EXECUTE OR NOT EXECUTE AN ADVANCE DIRECTIVE WITH MY LAWYER?

YES. Your lawyer can explain the function and advisability of having an Advance Directive.



QUESTIONS AND ANSWERS - ADVANCED DIRECTIVES

SHOULD I DISCUSS MY ADVANCE DIRECTIVE WITH MY FAMILY OR LOVED ONES?

YES. It is advisable that those dear to you be aware of your wishes and where your original Advance Directive is, so that your wishes can be carried out.

MUST AN INSTITUTION WHERE I AM BEING CARED FOR ASCERTAIN WHETHER I HAVE EXECUTED AN ADVANCE DIRECTIVE?

YES. Federal Law requires that the provider or organization must "document" in the individual's medical record whether or not the individual has executed an Advance Directive.

You should not wait until you are old or facing a serious illness to think about these issues. Thinking about them while you are in good health gives you and your loved ones the opportunity to prepare for the sort of medical crisis that could happen to anyone at any time.



SIENA SURGERY CENTER OWNER INFORMATION

**Our goal is to provide quality, safe, and cost effective medical care.
As owners, we appreciate the opportunity to provide service to you.**

PHYSICIAN

SPECIALTY

Michael Fishell, M.D. Pain Management

Please be advised: Any change in ownership after the date this packet is printed will be posted in the waiting room.



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FAQS (FREQUENTLY ASKED QUESTIONS) ABOUT SURGICAL SITE INFECTIONS

Developed in accordance with Senate Bill 339 and Chapter 439 of the Nevada Revised Statutes

WHAT ARE MEASURES USED AT SSC TO PREVENT INFECTIONS?

- SSC prevents and controls infections within the facility through effective and nationally recognized infection control policies.
- All staff complete training in infection control, including aseptic technique and standard precautions, annually.
- All staff adheres to infection control policies and procedures implemented in the center, including but not limited to, the proper use of required personal protective equipment, aseptic technique, high level disinfection and sterilization.
- SSC infection rate will be posted at the center. All infections reported will be included, regardless of outside contributing factors.
- As standard practice, SSC incorporates the use of IV antibiotics before surgery, at the Doctor's discretion.
- Immediately before surgery, hair in the vicinity of the surgical site will be removed with electric clippers. Razors are not used as they present an infection risk by creating small nicks in the skin through which bacteria can enter.
- Bair Hugger® Therapy is used to maintain ideal body temperature as patients who are kept warm resist infection better.

WHAT PROCESSES ARE USED TO DETERMINE WHETHER A PATIENT HAS AN INFECTION UPON OR PRIOR TO ADMISSION TO THE MEDICAL FACILITY?

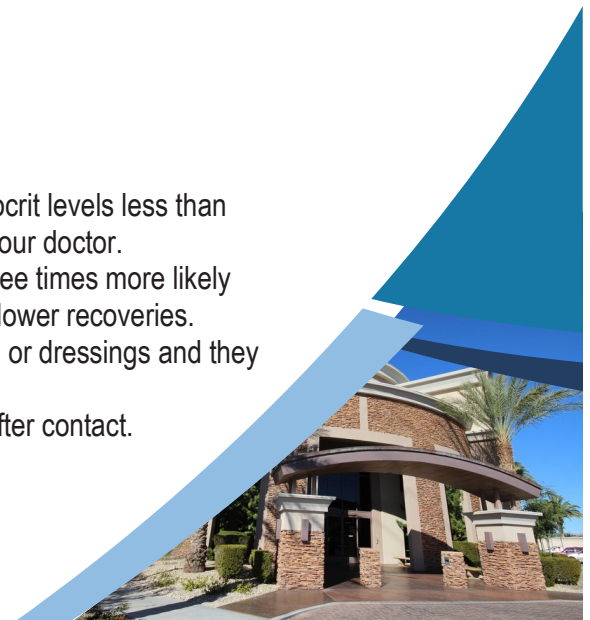
- Registered nurses and physicians interview patients before their procedure regarding their past and current health status.
- Prior to your surgery, your surgeon may have you tested for methicillin-resistant Staphylococcus aureus (MRSA). The test is simple, usually just a nasal swab. If you have it, extra precautions may be taken to protect you from surgical site infection.

HOW IS IT DETERMINED WHETHER AN INFECTION HAS BEEN ACQUIRED?

- Only your physician can diagnose whether an infection has occurred. However, if you note any of the following, call your doctor immediately:
 - ⇒ Redness and pain at the surgery site
 - ⇒ Drainage of cloudy fluid
 - ⇒ Fever over 101 ° F or shaking chills

WHAT ARE THE RISK FACTORS FOR ACQUIRING INFECTIONS?

- Health problems such as allergies, diabetes, and obesity as well as hematocrit levels less than 36 can create an elevated risk of infection. Be sure to discuss these with your doctor.
- Stop smoking well in advance of your surgery. Patients who smoke are three times more likely to develop a surgical site infection as nonsmokers, and have significantly slower recoveries.
- After your surgery, family and friends should not touch your surgical wound or dressings and they should wash their hands before and after visiting.
- Those caring for your wound should always wash their hands before and after contact.



FAQS (FREQUENTLY ASKED QUESTIONS) ABOUT SURGICAL SITE INFECTIONS

Developed in accordance with Senate Bill 339 and Chapter 439 of the Nevada Revised Statutes

GENERAL INFORMATION ON PREVENTING FACILITY-ACQUIRED INFECTIONS:

- Ask that medical staff to clean their hands before treating you, and ask visitors to clean their hands also. This is the single most important way to protect yourself in a medical facility. All caregivers should clean their hands before treating you. Alcohol-based hand cleaners are more effective at removing most bacteria than soap and water.
- If your doctor or nurse uses a stethoscope or other diagnostic device, before surgery ask that the surface be wiped with germicidal cleaner.
- Shower before any procedure. For a surgical procedure, consider showering or bathing daily with chlorhexidine soap beginning three to five days before a surgery. Various brands can be bought without a prescription. It will help remove any dangerous bacteria you may be carrying on your own skin. Please ask your doctor regarding this.
- Avoid touching hands to your nose, mouth, or eyes and do not set food or utensils on furniture or bed sheets. Germs can live for many days on surfaces and can cause infections if they get into your mouth.

For further information, including reporting of facility acquired infections, go to:
http://www.health.nv.gov/HCQC_InfectionPreventionControl_PublicEd.htm

http://www.health.nv.gov/Sentinel_Events_Registry.htm

Sentinel Events Registry: Office of Public Health Informatics and Epidemiology
4126 Technology Way, Suite #201
Carson City, NV 89706

Phone: (775) 684-5911 Fax: (775) 684-5999 Email: ser@health.nv.gov



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PATIENT CONTACT INFORMATION

NEXT OF KIN CONTACT INFORMATION:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY, I AUTHORIZE SSC TO CONTACT:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

I AUTHORIZE SSC TO DISCUSS MY MEDICAL CARE WITH:

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

ADVANCED DIRECTIVE:

I understand that it is my responsibility to inform my physicians of my Advance Directive.

I **do** have an advanced directive.

A copy has been provided to SSC: Yes No (forgot to bring)

I **do not** have an advanced directive.

Patient/Guarantor Signature



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PATIENT ACKNOWLEDGEMENT AND SIGNATURE

Patient Information Packet: As required by Centers for Medicare & Medicaid Services (CMS) and federal regulations, written and verbal notice regarding:

- ⇒ Patients' Rights and Responsibilities,
- ⇒ Advance Directives with corresponding policies, and a
- ⇒ list of SSC business owners

Are furnished to our patients.

You must bring this page with you when you arrive at Siena Surgery Center.

You will be given a copy of this form by a staff member.

Signature below acknowledges receipt of above items. Signature also signifies that the patient verbally acknowledge and understands the above items and had no questions.

Patient/Guarantor Signature



PERSONAL/INSURANCE INFORMATION

PATIENT INFORMATION PACKET

PATIENT INFORMATION

NAME: _____ SSN #: _____
(LAST) (FIRST) (INITIALS)

ADDRESS: _____
(STREET & APT#) (CITY) (STATE) (ZIP)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

MARITAL STATUS: S M W D BIRTH DATE: ___/___/___ AGE: _____ SEX: M F

EMAIL: _____

OCCUPATION: _____ EMPLOYER: _____ FT PT

GUARANTOR / PERSON FINANCIALLY RESPONSIBLE

NAME: _____ SSN #: _____ RELATION: Self Child Other
(LAST) (FIRST) (INITIAL)

ADDRESS: _____
(STREET & APT#) (CITY) (STATE) (ZIP)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

IN CASE OF EMERGENCY, I AUTHORIZE SSC TO CONTACT

EMERGENCY CONTACT: _____ RELATION: _____ PHONE: _____

PRIMARY INSURANCE

INSURED NAME: _____ SSN #: _____ BIRTH DATE: ___/___/___

INSURED'S EMPLOYER: _____ EMPLOYER ADDRESS: _____

INSURANCE COMPANY: _____ PHONE: _____

POLICY #: _____ GROUP #: _____ EFFECTIVE DATE: ___/___/___ RELATION: Self Child Other

CLAIM/MAILING ADDRESS: _____

SECONDARY INSURANCE

INSURED NAME: _____ SSN #: _____ BIRTH DATE: ___/___/___

INSURED'S EMPLOYER: _____ EMPLOYER ADDRESS: _____

INSURANCE COMPANY: _____ PHONE: _____

POLICY #: _____ GROUP #: _____ EFFECTIVE DATE: ___/___/___ RELATION: Self Child Other

CLAIM/MAILING ADDRESS: _____

MEDICARE INFORMATION

MEDICARE #: _____ RETIREMENT DATE: ___/___/___ VETERAN: Yes No DID VA REFER TREATMENT: Yes No

DO YOU SUFFER FROM BLACK LUNG?: Yes No ENTITLED TO MEDICARE FOR DISABILITY: Yes No

ENTITLED TO MEDICARE DISABILITY SOLELY ON THE BASIS OF END STAGE KIDNEY DISEASE: Yeses No

INJURY INFORMATION

DATE OF INJURY: ___/___/___ DATE SYMPTOMS BEGAN: ___/___/___ INJURY DUE TO ACCIDENT: Yes No

CAR ACCIDENT: Yes No WORK RELATED: Yes No

WORKERS COMP CARRIER: _____ CLAIM #:: _____

ADJUSTER'S NAME: _____ CARRIER PHONE: _____

PATIENT SIGNATURE: _____ DATE: ___/___/___

REGISTERED BY: _____



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