DON F. MILLS, M.D.
113 Waterworks Way, Suite 210
Irvine, CA 92618
Ph # (949) 502-5777 Fx # (949) 502-5778

Appointment Date: _____ Appointment Time: _____ Sched. Date: _____

Appointment with: **Dr. Mills**

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell#: _____

SS#:_____ DOB: _____

Employer: _____

Referring MD: _____ Phone: _____

Insurance Information: (Prime) _____ (2nd) _____

(Prime) ID #: _____ Group #: _____

Policy Holder: _____ DOB: _____ SS#: _____

Claims Address: _____ Phone: _____

(2nd) ID#: _____ Group #: _____

Policy Holder: _____ DOB: _____ SS#: _____

Claims Address: _____ Phone: _____

Work Comp Insurance: _____ Employer:_____

Claim #: _____ DOI: _____ TTD or P&S

Adjustor: _____ Phone/Fax: _____

Nurse Case Mgr: _____ Phone/Fax: _____

Claims Address: _____

Attorney Name: _____ Phone: _____

Chart ___ NextGen ___ Ins Verify ___

Req. Records: ___ MRI CT XRAY EMG _____ Referring Doctor _____Other Treating Doctor