

THE TRUONG NEUROSCIENCE INSTITUTE

D.B.A THE PARKINSONS & MOVEMENT DISORDER MEDICAL GROUP

Daniel Truong, M.D. Mayank Pathak, M.D. Nguyen Thong, M.D. Christina MyChi Nguyen, M.D.

Specializing In: Parkinsonism Myoclonus Chorea Tourette Syndrome Spasmodic Torticollis
Blepharospasm Tardive Dyskinesia Tremors Dystonia Restless Leg Syndrome Spasmodic Dysphonia

Name _____
Last First MI

Address _____

City _____ Zip code _____

Email _____

Home Phone _____

Work Phone _____

Cell Phone _____

Birthdate _____ Sex: M F

Social Security # _____

Nearest Relative _____

Nearest Relative Phone _____

Address _____

City _____ Zip code _____

Employer _____

Office Address _____

City _____ Zip code _____

Relationship to Insured:
Self Spouse Child Other _____

Insured _____
Last First MI

Insured Social Security # _____

Insured Birthdate _____

Primary Insurance _____

Do you have secondary insurance coverage? Yes No

If yes, please answer the questions below.

Relationship to Insured:
Self Spouse Child Other _____

Insured _____
Last First MI

Insured Social Security # _____

Insured Birthdate _____

Referred by _____

Referral Phone _____

AUTHORIZATION

I hereby authorize all physicians of PMDMG to release any medical or incidental information that may be necessary for either medical care or in processing claims for my insurance.

I authorize direct payment of surgical/medical benefits to PMDMG for services rendered by him. I understand that I am financially responsible for any balance not covered by my insurance company. I also understand that if there is no insurance coverage, balance is

Signature of Patient (or Parent, if minor)

Date

Office: 9940 Talbert Ave., # 204 Fountain Valley, CA 92708 (714) 378-5062 FAX: (714) 378-5061
3745 Long Beach Blvd. # 100 Long Beach, CA 90807 (714) 378-5062 FAX: (714) 378-5061
Research Lab: 2801 Atlantic Ave, P.O Box 1428 Long Beach, CA 90801 (310) 427-1834 FAX: (562) 989-5997