

STEVEN S. ISONO, M.D.
MEDICAL – LEGAL INTAKE FORM
1940 Webster Street, #200
Oakland, CA 94612
Phone: (510) 463-4700 / Fax: (510) 208-3291

Appointment Date _____ Today's Date _____
Appointment Time _____ Type of Exam _____
Requested by: APP / DEF / INS. CARRIER

Patient Name _____ SSN _____
Address _____ DOB _____
City/State/Zip _____
Phone _____

Applicant Attorney _____
Address _____
City/State/Zip _____
Phone _____ Fax _____

Defense Attorney _____
Address _____
City/State/Zip _____
Phone _____ Fax _____

Employer _____
Insurance Carrier _____ Adjuster _____
Address _____
City/State/Zip _____
Phone _____ Fax _____

Date of Injury _____
Claim _____ WCAB _____

Body Part(s) to be examined _____

IMPORTANT NOTES/ OFFICE POLICIES

1. **All intake forms must be TYPED.** Intake forms that are not typed and/or incomplete forms will delay the scheduling of an appointment (signature & date required).
2. Please note that we request a two-week notice for cancellations. There is a \$400 cancellation fee if cancellations are not made within 2 weeks of the appointment. All fees are due prior to rescheduling (No exceptions). Once all fees are paid in full, you will then need to re-fax the intake form.
3. It is mandatory that patients arrive 15-30 minutes prior to the actual time of their appointment in order to complete the necessary forms.
4. Please indicate whether the medical records are to be returned or discarded after the appointment. The costs of returning the medical records will be the responsibility of your office. Thank you.

MEDICAL RECORDS POLICY:

Medical records must be received one month prior to the exam. If we have not received the medical records one month prior to the exam, the APPOINTMENT WILL BE CANCELLED, AND A \$400.00 CANCELLATION FEE WILL BE APPLIED. Once the \$400.00 cancellation fee is paid in full, you will then need to fax a new intake form to reschedule to the next available date.

*** By my signature below I accept these policies.**

Signature (print name)

Date (REV. 8/18)