ORTHOTIC PROSTHETIC SOLUTIONS

CHILDS NAME:__________________________________ **BIRTHDATE:**_______________________

FATHER'S NAME: ________________________ **MOTHER'S NAME:** _____________________________

Social Security No: _______________________ **Social Security No:**____________________________

Address:________________________________ **If Different Address:**______________________________________

City:____________________________________ **City:** ____

State:___________**Zip:**____________ **State:** __________**Zip:** ____________

Home Phone:_______________________ **Home Phone:**_________________________

Work Phone: _______________________ **Work Phone:** _________________________

Cell Phone: ________________________ **Cell Phone:** __________________________

E-Mail Address: _________________________ **E-Mail Address:** _____________________________

Statements should be sent to: Father _________ **Mother:** _________

Policy Holder's Name:_________________________________ **Date of Birth:**____________________

Alternate Contact Name: _______________________________ **Phone:**_________________________

English speaking contact: __________________________________ **Phone:** _____________________

Primary Care Physician: _____________________________________ **Phone:** __________________

Physician sending you to OPS: _______________________________ **Phone:** __________________

DIAGNOSIS:____

<u>If you do not have your insurance cards, please complete:</u>

Primary Insurance:_________________________________**ID:**______________________

Group No:________________**Employer:**_____________________**Phone:**__________________

Secondary Insurance:______________________________**ID:**______________________

Group No:________________**Employer:**______________________**Phone:**_________________

Auto Insurance or Workers Comp Information: Insurance Company:____________________________

Phone: ___________________**Date of Injury:** _____________ **Claim No.**________________________

Claim Manager: ________________________________ **Phone:** _______________________

Employer: _____________________________________ **Phone:** _______________________

PLEASE READ BACK OF FORM AND SIGN AND DATE