



Valley High School – Sports Medicine

1505 Candelaria Rd NW Albuquerque, NM 87107 505-345-9021
x54255

Daniel Paz, ATC, LAT, CKTT

NM License # AT608

NPI # 1871983015

Athlete: _____ **Sport:** _____

Date of Injury: _____ **Body Part:** _____

Physician Evaluation Form

Diagnosis:

Treatment Plan:

Status:

Full Participation, No Restrictions

Participation with the following restrictions: _____

Out of Participation

Date of visit: _____

Physician Signature and Credential: _____

Physician Last Name (Print): _____

Phone Number: _____