

REFERRAL FORM

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First Choice

EVALUATIONS

TIORUNDA BUILDING
3343 HARLEM ROAD
BUFFALO, NEW YORK 14225
www.firstchoicerevaluations.com

ADJUSTER INFORMATION

DATE OF REQUEST: _____ CLAIM #: _____ RE-EXAMINATION:
COMPANY NAME: _____ ADJUSTER E-MAIL: _____
ADJUSTER'S NAME: _____ TELEPHONE: _____ FAX: _____
ADDRESS: _____ JURISDICTIONAL STATE: _____
INSURED: _____ ADDRESS: _____
WCB CASE # (if applicable): _____ WCB LOCATION (if applicable): _____

CLAIMANT INFORMATION

EMAIL: _____ FAX: _____
CLAIMANT NAME: _____ TELEPHONE: _____
ADDRESS: _____
OCCUPATION: _____ DATE OF INJURY: _____
NATURE OF INJURY: _____ INJURY ACCEPTED FOR: _____
SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
APPOINTMENT LETTER TO EXAMINEE: YES NO ATTORNEY: YES NO
APPOINTMENT LETTER SENT CERTIFIED TO EXAMINEE: YES NO ATTORNEY: YES NO
APPOINTMENT LETTER SENT RETURN RECEIPT TO EXAMINEE: YES NO ATTORNEY: YES NO

TREATING PHYSICIAN

EMAIL: _____ FAX: _____
TREATING PHYSICIAN: _____ TELEPHONE: _____
ADDRESS: _____

ATTORNEY INFORMATION

EMAIL: _____ FAX: _____
ATTORNEY: _____ TELEPHONE: _____
ADDRESS: _____

TYPE OF EXAMINATION

- FILE REVIEW ONLY (choose specialty) ROCKET DOCKET CASE (choose specialty) ORTHOPEDIC CHIROPRACTOR NEUROLOGIST OTHER _____
- VARIANCE Date Variance was filed: _____
 File Review IME _____
- DIAGNOSIS/PROGNOSIS SCHEDULE LOSS OF USE (WC ONLY)
 DEGREE OF DISABILITY HAS CLAIMANT REACHED MAXIMUM MEDICAL IMPROVEMENT? (WC ONLY)
 HISTORY OF INJURY & SUBSEQUENT MEDICAL TREATMENT HAS MEDICAL ENDPOINT BEEN REACHED/PREACCIDENT STATUS? (NF ONLY)
 CAUSAL RELATIONSHIP TO INJURY CAN CLAIMANT RETURN TO WORK AT THIS TIME? IF NOT, WHY?
 FURTHER TREATMENT NEEDED? IF SO, WHAT KIND? WORK RESTRICTIONS/LIGHT DUTY
 APPORTIONMENT (WC ONLY) M & S (Section 15-8 NY WC)
 REVIEW JOB DESCRIPTION PERMANENCY
 ARE THERE ANY PRE-EXISTING AND SUBSEQUENT NJURIES

COMMENTS: _____

TYPE OF CLAIM GL BI NF WC OTHER _____

DATE THE MEDICAL REPORT IS NEEDED: _____
COPY FILE REVIEW: INSURANCE CO. ALL PARTIES
COPY REPORT TO: ATTORNEY ATTENDING MD
OTHER: _____

PHYSICIAN: _____
DATE/TIME OF EXAM: _____ / _____ am pm