



State of California  
Division of Workers' Compensation  
Disability Evaluation Unit

DEU Use Only

**REQUEST FOR SUMMARY RATING DETERMINATION  
of Qualified Medical Evaluator's Report**

**INSTRUCTIONS TO THE CLAIMS ADMINISTRATOR:**

1. Use this form if employee is unrepresented and has not filed an application for adjudication.
2. Complete this form and forward it along with a complete copy of all medical reports and medical records concerning this case to the physician scheduled to evaluate the existence and extent of permanent impairment or disability.
3. Send the EMPLOYEE'S DISABILITY QUESTIONNAIRE, DEU FORM 100 to the employee in time for the medical evaluation.
4. **This form must be served on the employee prior to the evaluation. Be sure to complete the proof of service.**

**INSTRUCTIONS TO THE PHYSICIAN:**

1. If the employee is unrepresented, review and comment upon the Employee's Disability Questionnaire, (DEU Form 100), in your report. (If the employee does not have a completed Form 100 at the time of the appointment, please provide the form to the employee.)
2. Submit your completed medical evaluation and, if the employee is unrepresented, the DEU Form 100, to the Disability Evaluation Unit district office listed below. **PLEASE USE THIS FORM AS A COVER SHEET FOR SUBMISSION TO THE DISABILITY EVALUATION UNIT.** Serve a copy of your report and the Form 100 upon the claims administrator and the employee.

Date of first medical report indicating the existence of permanent impairment or disability: \_\_\_\_\_

Last date for which temporary disability indemnity was paid: \_\_\_\_\_ MM/DD/YYYY

**SUBMIT TO: Disability Evaluation Unit**

**31 East Channel Street, Room 417**

Address/PO Box (Please leave blank spaces between numbers, names or words)

**Stockton**  
City

**CA**  
State

**95202-2314**  
Zip Code

**Tabaddor**  
Physician

Exam Date **3/27/2012**  
MM/DD/YYYY

6-29-11 3-27-12  
**Khosrow Tabaddor, M.D.**

Orthopaedic Surgeon  
Qualified Medical Evaluator

MAILING ADDRESS  
8221 N. Fresno St  
Fresno, CA 93720  
(559) 222-2294

**QUALIFIED MEDICAL EVALUATION**

Disability Evaluation Unit  
31 East Channel Street, Room 471  
Stockton, CA 95202

RE:

ANDERSON, TIFFANY

DATE OF EVALUATION:

March 27, 2012

EMPLOYER:

San Joaquin County in Mosquito and Vector  
Control

DATE OF INJURY:

June 29, 2011

CLAIM NO:

VE0700184

FILE NO:

86351-4

45 minutes were spent in face to face time with the examinee during the examination process.

**FEE DISCLOSURE**

**ML 101-95:** This is a Qualified Medical Re-Evaluation where the examinee was re-examined prior to 9 months since the initial visit. Total time spent includes, but not limited to, face to face time with the examinee, record review time (including additional records provided, any prior reports, supplementals, examinee questionnaire, MRI, X-rays, prior and current notes and cover letters), narrative report preparation and its review & final editing. **Total time spent was 2 hrs 15 mins.**

- 45 minutes of face to face time
- 1 hour(s) of record review time
- ½ hour(s) of report preparation time
- 2 ¼ total hours of combined time

**This is a medical legal report and does not qualify for a PPO/Network discount.**