

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

MAILING ADDRESS:

P.O. Box 71010

Oakland, CA 94612

Tel: (510) 286-3700 or (800) 794-6900 Fax: (510) 622-3467

4-13-2010

QME APPOINTMENT NOTIFICATION FORM

To the Qualified Medical Evaluator: You are required by law to give notice on this form when an appointment has been made with you to perform a QME comprehensive medical evaluation. Please complete this form in its entirety. You are legally required to include: the name and address of the employee, the name of the employer and claims administrator, and the appointment time and date. The Administrative Director also requires that you serve this appointment notification form on the employee and the claims administrator, or, if none the employer, and their attorneys in a represented case, if known, within five (5) business days after having scheduled the injured worker to be seen for a QME comprehensive medical evaluation. You also must use this form if you refer the injured worker for a consultation to advise the parties of the date and time of the appointment with the consulting physician (See, 8 Cal. Code Regs. § 32). You may not cancel the appointment less than six (6) calendar days prior to the appointment date, except for good cause (See, 8 Cal. Code Regs. §34). If you reschedule an appointment, review regulation 34 and the ethical rules in regulation 41 (See, 8 Cal Code Regs. §§ 34 and 41(a)(7) and (a)(8)).

EMPLOYEE INFORMATION

NAME Tiffany Anderson

ADDRESS: 2 North Avena Ave., Lodi, CA 95242

PHONE: (209) 263-1348

SOCIAL SECURITY No.: 549-23-5133

(Social Security Number is for record-keeping purposes only.)

DATE OF INJURY 6/19/2008

PANEL No.: 1114339

CLAIM/CASE No.: VE0700184

EMPLOYER INFORMATION

NAME San Joaquin County-Mosquito Investor Control Dist.

ADDRESS: , ,

PHONE:

CLAIMS ADMINISTRATOR INFORMATION

NAME McKenzie Dawson

COMPANY AIMS

ADDRESS P.O. Box 269120, Sacramento, CA 95826-

PHONE: (916) 563-1900

APPOINTMENT INFORMATION

DATE OF APPOINTMENT

CALL:

4/13/2010

DATE OF

APPOINTMENT

6/15/2010

TIME OF

APPOINTMENT

9:00 AM

LOCATION OF APPOINTMENT

333 San Carlos Way, Ste. B, Stockton, 95207

CERTIFIED INTERPRETER REQUIRED: (LANGUAGE)

COPY TO:



EMPLOYEE



CLAIMS ADMINISTRATOR (IF NONE, EMPLOYER)

SIGNATURE OF QME: Khosrow Tabaddor, M.D.

QME NAME (print/type): Khosrow Tabaddor, M.D.

ADDRESS AND PHONE: 740 W. Alluvial, Ste 101, Fresno, CA 93711 (559) 222-2294

Note to Claims Administrator: The Administrative Director's regulation 10160 requires you to forward a completed, DWC-AD form 101(DEU)(Request for Summary Rating Determination of Qualified Medical Evaluator's Report) (see, 8 Cal. Code Regs. § 10160 and 10161) together with all medical reports and medical records prior to the scheduled examination with the QME. You must also provide the employee with a DWC-AD form 100 (DEU)(Employee's Disability Questionnaire)(See, 8 Cal. Code Regs. §§ 10160 and 10161) prior to the examination.