



A Professional Corporation

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December 29, 2015

RE-SCHEDULED
PANEL QUALIFIED MEDICAL RE-EXAMINATION
APPOINTMENT LETTER

Ms. Tiffany Anderson
1900 Lakeshore Drive
Lodi, CA 95242

RE: Anderson, Tiffany vs. San Joaquin County Mosquito & Vector Control
WCAB NO.: ADJ7004221; ADJ7004227; ADJ7010682; ADJ7976768
FILE NO.: VE0700184

Dear Ms. Anderson:

You are hereby requested to present yourself for examination on:

DATE: January 18, 2016
TIME: 3:30 p.m.
PLACE: Khosrow Tabaddor, M.D.
333 San Carlos Way, Suite B
Stockton, CA 95207
PHONE: (559) 222-2294

This request for examination is authorized by the provisions of the Labor Code of the State of California and your refusal or failure to comply with this request for examination may cause a suspension of any rights which you otherwise may have to compensation benefits.

If, for any reason, you are unable to keep this appointment, you shall immediately call the doctor's office and make proper arrangements for another appointment.

Very truly yours,

STOCKWELL, HARRIS, WOOLVERTON & MUEHL
A Professional Corporation

By: _____
Sara A. Skolnik

cc: AIMS Insurance
Dr. Khosrow Tabaddor – 8221 N. Fresno St. Fresno, CA 93720

State of California
Division of Workers' Compensation-Medical Unit
QME Appointment Notification Form

Please complete this form in its entirety. The Administrative Director 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-legal evaluation. 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, 41(a)(7) and (a))

Employee Information (Completion of this section is required)

<u>Tiffany Anderson</u>		<u>2093310208</u>	
Employee Name		Phone Number	
<u>2 N. Avena Avenue</u>	<u>Lodi</u>	<u>CA</u>	<u>95240</u>
Employee Street Address	Employee City	State	Zip Code
<u>6/29/2011</u>	<u>1114339</u>	<u>VE0700184</u>	
Date of Injury	Panel Number	Claim or Case Number	

Employer Information

<u>San Joaquin County Mosquito & Vector Control</u>			
Employer Name			
<u>7759 S. Airport Way</u>	<u>Stockton</u>	<u>CA</u>	<u>95206</u>
Employer Street Address	Employer City	State	Zip Code

Claims Administrator Information (Completion of this section is required)

<u>Nancy Urton</u>		<u>(916) 563-1900</u>	
Claims Administrator Name (Insert the name of the person handling the claim)		Phone Number	
<u>AIMS</u>			
Claims Administrator Company (Insert the name of the company handling the claim)			
<u>P.O. Box 269120</u>	<u>Sacramento</u>	<u>CA</u>	<u>95826-912</u>
Claims Administrator Street Address	Claims Administrator City	State	Zip Code

Appointment Information (Completion of this section is required)

Date of appointment call: <u>9/28/2015</u>	Date of Appointment: <u>1/18/2016</u>	Time of appointment: <u>3:30 PM</u>
<u>333 San Carlos Way, Ste. B</u>	<u>Stockton</u>	<u>95207</u>
Examination Address	Examination City	Zip Code

Records should be sent to the following address: 8221 N. Fresno St. Fresno 93720
 Street address or P.O. Box City:

Is a certified interpreter required? Yes ☐ No ☒ If an interpreter is required, indicate language _____

QME Name: Khosrow Tabaddor, M.D.

<u>8221 N. Fresno St</u>	<u>Fresno</u>	<u>CA</u>	<u>93720</u>
QME Street Address	QME City	State	Zip Code

Date Signed: 12/29/2015 Signature of the QME: Khosrow Tabaddor, M.D.

Note to Claims Administrator: The Administrative Director's regulation 10160 requires you to forward a completed, DWC-AD form 101(DEV) (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 (DEV)(Employee's Disability Questionnaire)(See, 8 Cal. Code Regs. §§ 10160 and 10161) prior to the examination.

Tabaddor
 did not show up to the appointment this is a rescheduled by them him & AIMS Games