

Tiffany Kay Anderson
1900 Lakeshore Drive
Lodi, CA 95242

January 4, 2016

Faxed to (559) 492-5633

Dr. Koshrow Tabaddor

Re-Evaluation, QME for Worker's Comp. case

Right knee

Claim Number: VE0700184

Injured Worker: Tiffany Anderson

Please let this fax serve as notice that I am hereby cancelling the appointment set for me on Tuesday, 1/19/2016 and hereby request that it be rescheduled to the next available date. This notice is being sent today with 11 business days remaining before that appointment. Thank you.

Cc: AIMS
Stockwell, Harris
WCAB

PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF SAN JOAQUIN

I am in the County of San Joaquin, State of California. I am over the age of 18 years.

My residence is 1900 Lakeshore Drive , Lodi, CA 95240.

I served the foregoing document described as:

Cancel and Reschedule of QME Revaluation and file through WCAB, on all parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States mailed at Lodi, California, addressed as follows:

Stockwell, Harris, Woolverton, Muehl
Sara Skolnik
1545 River Park Drive, Suite 330
Sacramento, CA 95815

Workers' Compensation Appeals Board
31 E. Channel Street, Room 344
Stockton, CA 95202

Ms. Nancy Urton
AIMS Insurance (Sacramento)
P.O. Box 269120
Sacramento, CA 95826-91201

Khoshrow Tabaddor
8221 N. Fresno Street
Fresno, CA 93720

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on January 4, 2016, at Lodi, California.

By:  _____

Tiffany Anderson

STAPLES **copy&printcenter**

Complimentary Self-Serve Fax Cover Sheet

To: Tabaddel

Fax #: 559-492-5223

Date: 1-4-16

From: Tiffany Andersen

Phone #: 269-331-0208

Reply Fax #: N/A

Number of Pages (including Cover):

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UCAB

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NAME :
FAX :
TEL :
SER.# : 063274E2J110932

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FAX NO./NAME
DURATION
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RESULT
MODE

01/04 13:42
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02
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To: Tabecklor
Fax #: 559-492-5233
Date: 1-4-16

From: Tiffany Anderson
Phone #: 209-331-0208
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