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A Professional Corporation

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February 2, 2016

**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:** May 9, 2016  
**TIME:** 3:30 p.m.  
**PLACE:** Khosrow Tabaddor, M.D.  
333 San Carlos Way, Suite B  
Stockton, CA 95207  
**PHONE:** (559) 222-2294

←----- Before this appointment, please  
provide me with a list of all of the  
scheduled appointments that I have  
had with you over the past years.

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>		(209) 331-0208	
Employee Name		Phone Number	
<u>1900 Lakeshore Drive</u>	<u>Lodi</u>	CA	95242
Employee Street Address	Employee City	State	Zip Code
<u>6/19/2008</u>	<u>1114339</u>	<u>VE0700184</u>	
Date of Injury	Panel Number	Claim or Case Number	

**Employer Information**

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

**Claims Administrator Information** (Completion of this section is required)

<u>Nancy Urton</u>		(916) 563-1900	
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>	CA	95826-912
Claims Administrator Street Address	Claims Administrator City	State	Zip Code

**Appointment Information** (Completion of this section is required)

Date of appointment call: <u>2/1/2016</u>	Date of Appointment: <u>5/9/2016</u>	Time of appointment: <u>3:30 PM</u>	
<u>333 San Carlos Way, Ste. B</u>	<u>Stockton</u>	95207	
Examination Address	Examination City	Zip Code	
Records should be sent to the following address: <u>8221 N. Fresno St.</u>		Fresno	93720
Street address or P.O. Box		City:	
Is a certified interpreter required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If an interpreter is required, indicate language _____			

<u>QME Name: Khosrow Tabaddor, M.D.</u>			
<u>8221 N. Fresno St</u>	<u>Fresno</u>	CA	93720
QME Street Address	QME City	State	Zip Code
Date Signed: <u>2/3/2016</u>	Signature of the QME <u>Khosrow Tabaddor, M.D.</u>		

*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.

*Declaration of Service*

I declare that I am a resident of or employed in the county where the mailing took place I am over the age of eighteen years and I am not a party to this case, my business or residence address is: 8221 N. Fresno St, Fresno, CA 93720.

On 2/4/16, I served this QME Appointment Notification Form, the original, or a true and correct copy of the original, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
- B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service. (*Messenger must return to you a completed declaration of personal service.*)
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

B	Tiffany Anderson	1900 Lakeshore Drive
Method of Service	Person or firm served	Street Address
	Lodi	CA 95242
	City	State Zip Code
B	Nancy Urton	P.O. Box 269120
Method of Service	Person or firm served	Street Address
	Sacramento	CA 95826-9120
	City	State Zip Code
Method of Service	Person or firm served	Street Address
	City	State Zip Code
B	L/O Stockwell, Harris, Woolverton & H	1545 River Park Drive, Suite 330
Method of Service	Person or firm served	Street Address
	Sacramento	CA 95815-
	City	State Zip Code

Date: 2-4-16 at **Fresno, California**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Type or print name Carmen Garza

Signature Carmen Garza