

7-19-16



A Professional Corporation

July 18, 2016

1545 River Park Drive, Suite 330  
Sacramento, California 95815-4616  
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(916) 924-3541 FAX  
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**PART 2**  
**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:** September 12, 2016  
**TIME:** 5:30 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  
Atkinson-Baker (Videographer) 800-288-3376

**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)**

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

**Employer Information**

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

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

**Nancy Urton** (916) 563-1900  
 Claims Administrator Name (Insert the name of the person handling the claim) Phone Number

**AIMS**

Claims Administrator Company (Insert the name of the company handling the claim)  
 P.O. Box 269120 CA 95826-912  
 Claims Administrator Street Address State Zip Code

**Appoin**

*ruired)*

Date of appointment call: 7/18/2016 of appointment: 5:30 PM  
 333 San Carlos Way, Ste. B 95207  
 Examination Address Zip Code  
 Records should be sent to the following addr 93720

*Tabb. Pain Meds? MRI  
 2/2016  
 Future Needs? Surgery?*

Is a certified interpreter required? Yes

QME Name: **Khosrow Tabaddor, M.D.**  
 8221 N. Fresno St CA 93720  
 QME Street Address State Zip Code

Date Signed: 7/19/2016 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(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.