

DATE OF INJURY: 01/21/05

Exposure 2

White Slough

DOI: 01/21/05										
Required Forms		Received Forms?						Y=Yes, we have a copy N= No we do not have a copy	WC CLAIM #:VE050054	
DWC-1		Y							Tiffany Anderson: work status report notes "discharged"	
DWC-1 ACK FORM		N								
DATE OF SERVICE:		1/26/05	1/27/05	1/31/05	2/2/05	2/3/05	2/7/05	2/28/05	PROVIDER'S NAME AND LICENSE #: DR. DONALD ROSSMAN, CA#C35074	
Required Forms									PROVIDER CASE #: 66402	
EMPLOYER'S FIRST REPORT OF INJURY		Y	N/A	N/A	N/A	N/A	N/A	N/A		
PATIENT'S INITIAL VISIT FORM		N	N	N	N	N	N	N		
CONSENT AND AUTHORIZATION TO RELEASE INFORMATION-PROVIDER'S FORM		N	N	N/A	N	N/A	N	N		
CONSENT TO TREAT AND AUTH TO RELEASE INFO TO EMPLOYER (EMPLOYER'S FORM)		Y	N/A	N/A	N/A	N/A	N/A	N/A		
NURSE'S NOTES		N	N	N	N	N	N	N		
DOCTOR'S NOTES (TYPED)		N	N	N	N/A	N/A	N	N		
INJURY WORKSHEET		N	N	N	N/A	N/A	N	N		
WORK STATUS REPORT WORKSHEET		N	N	N	N/A	N/A	N	N		
WORK STATUS REPORT		Y	Y	Y	N/A	N/A	Y	Y		
DOCTOR'S FIRST REPORT OF INJURY		N	N/A	N/A	N/A	N/A	N/A	N/A	Tiffany Anderson: OIS blood test noted on TA's time card, but no record of labs received	
PR-2		N	N	N	N	N	N	N		
FOLLOW UP APPOINTMENT INFORMATION		Y	Y	Y	N/A	N/A	Y	N/A		
LAB RESULTS (IF APPLICABLE)		N/A	N/A	N	N/A	N/A	N/A	N/A		
AIMS MILEAGE REIMBURSEMENT FORM		Y	Y	Y	Y	Y	Y	Y		
CLAIM SUMMARY-PAYMENTS		N/A	N/A	N/A	N/A	N/A	N/A	Y		
AIMS FULLY RECOVERED LETTER		N/A	N/A	N/A	N/A	N/A	N/A	N		