

8-22-16

pd \$625.00

Khosrow Tabaddor, M.D.

Orthopaedic Surgeon
Qualified Medical Evaluator

MAILING ADDRESS
8221 N. Fresno St
Fresno, CA 93720
(559) 222-2294

SUPPLEMENTAL REPORT

August 22, 2016

AIMS
P.O. Box 269120
Sacramento, CA 95826-9120

RE:	ANDERSON, TIFFANY
DATE OF RE-EVALUATION:	May 9, 2016
EMPLOYER:	San Joaquin County Mosquito & Vector Control
DATE OF INJURY:	June 19, 2008
CLAIM NO:	VE0700184
FILE NO:	86351-12

FEE DISCLOSURE

SUPPLEMENTAL CLARIFICATION: This supplemental report is a clarification and thus there will be no charge.

Dear Ms. Anderson:

In response to your letter received dated June 22, 2016, I noted that you brought up some issues that I have previously addressed to all the issues and questions you asked.

RE: ANDERSON, TIFFANY

Page 2

If you have any further concerns, please contact the insurance adjuster to make proper action. If you want copy of your file, contact my office and make arrangement with copying service companies.

Thank you for the opportunity to review this additional information. If I may be of additional assistance please correspond with me, in writing, at 8221 N. Fresno St, Fresno, Ca. 93720.

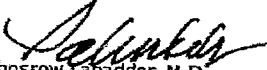
ATTESTATION

I, Khosrow Tabaddor, M.D., personally took the examinee's history, reviewed the medical records, performed the physical examination, and dictated this report. All of the opinions expressed in the report are mine.

I hereby declare under penalty of perjury that I have not violated Labor Code Section 139.3 and have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration for any referral for examination or evaluation by a physician.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Sincerely,


Khosrow Tabaddor, M.D.
Orthopaedic Surgeon

Signed this 22 day of Aug 2016 in LA County in the State of California.

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: Tiffany Anderson v AIMS
(employee name) *(claims administrator name, or if none employer)*

Claim No.: VE0700184 **EAMS or WCAB Case No. (if any):** _____

I, Nicholas Dennie, declare:

1. I am over the age of 18 and I am not a party to this case.
2. My business address is: 8221 N. Fresno St, Fresno, CA 93720
3. On the date shown below, I served this QME Findings Summary Form with the original, or a true and correct copy of the original, comprehensive medical-legal report, 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.
- 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.

<u>Means of service:</u> <i>(For each addressee, Enter A-R as appropriate)</i>	<u>Date Served:</u>	<u>Addressee and Address:</u>
B	8/26/2016	Tiffany Anderson, 1900 Lakeshore Drive Lodi CA 95242
B	8/26/2016	AIMS, P.O. Box 269120 Sacramento CA 95826-9120
B	8/26/2016	L/O Stockwell, Harris, Woolverton & Helphrey, 1545 River Park Drive, Suite 330 Sacra

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

Date: 8/26/2016

Nick Dennie

(Signature of Declarant)

Nicholas Dennie

(Print Name)