

Print, fill out, and Fax to: 707.885.4773

Date: ____ / ____ / ____

Claimant: _____

Requested by: _____

Claim Number: _____

Date of Injury: _____

Email: _____

Date of Birth: _____

Fax #: _____

Occupation: _____

Phone #: _____

Company/Address *(if not on file)*:

Is case litigated? yes no

Rating Schedules *(check one)*:

2005 PDRS (AMA Guides)

1997 PDRS (Old Rating Manual)

Both - Maybe in dispute (pre-01/05 DOI)

Additional information: _____

RUSH DUE DATE: ____ / ____ / _____

Any questions or special requests, please call **530.265.2618** or email: **bob@robertshawratings.com**

Rating and invoice sent via email unless otherwise directed. Reports held for 10 days, then destroyed. - Revised 12/06