

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
MAILING ADDRESS:
P. O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900 Fax: (510) 622-3467

QME APPOINTMENT NOTIFICATION FORM

To the Qualified Medical Evaluator: You are required by law to give notice on this form when an appointment has been made with you to perform a QME comprehensive medical evaluation. Please complete this form in its entirety. You are legally required to include: the name and address of the employee, the name of the employer and claims administrator, and the appointment time and date.

EMPLOYEE INFORMATION

NAME:
ADDRESS: City State Zip
PHONE: SOCIAL SECURITY No.:
(Social Security Number is for record-keeping purposes only.)
DATE OF INJURY: PANEL No.: CLAIM/CASE No.:

EMPLOYER INFORMATION

NAME:
ADDRESS: City State Zip
PHONE:

CLAIMS ADMINISTRATOR INFORMATION

NAME:
COMPANY:
ADDRESS: City State Zip
PHONE:

APPOINTMENT INFORMATION

DATE OF APPOINTMENT CALL DATE OF APPOINTMENT TIME OF APPOINTMENT
LOCATION OF APPOINTMENT: 1700 California St. Ste 420 San Francisco, CA 94109-0429
CERTIFIED INTERPRETER REQUIRED: (LANGUAGE)

- COPY TO: [] EMPLOYEE (and employee's attorney, if known)
[] CLAIMS ADMINISTRATOR (and attorney, if known)

SIGNATURE OF QME: [Signature]
QME NAME (print/type): Dr. Jonathan S. Rutchik
ADDRESS AND PHONE: 20 Sunnyside Ave. Ste A-321 Mill Valley, CA 94941

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.

QME Form 110 (rev. February 2009) * All Medical Records need to be sent to 20 Sunnyside Ave. Ste A-321 Mill Valley CA 94941