COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
(TOLL FREE) 800-482-2383

REQUEST FOR DESIGNATION OF A PHYSICIAN TO PERFORM AN IMPAIRMENT RATING EVALUATION

Social Security Number: _____ - _____ - _____

Date of Injury: _____/_____/_____
MM DD YYYY

PA BWC Claim Number: _____
(IF KNOWN)

Employee

First Name _____ Last Name _____
Street 1 _____
Street 2 _____
City/Town _____ State _____ Zip Code _____-_____
County _____ Telephone (_____) _____ - _____

Employer

Name _____
Street 1 _____
Street 2 _____
City/Town _____ State _____ Zip Code _____-_____
County _____
Telephone (_____)_____-_____ FEIN _____

COMPENSABLE INJURY: _____

766 0308

DATE OF THIS NOTICE: _____/_____/_____
MM DD YYYY

Insurer or Third Party Administrator (if self-insured)

Name _____
Street 1 _____
Street 2 _____
City/Town _____ State _____ Zip Code _____-_____
Telephone (_____) _____-_____ Bureau Code _____
County _____
Claim Number _____ FEIN _____

Attorney for Employee (if known)

Name _____
Firm Name _____
Street 1 _____
Street 2 _____
City/Town _____ State _____ Zip Code _____-_____
Telephone (_____)_____-_____ PA Attorney ID Number _____

Attorney for Insurer/Employer (if known)

Name _____
Firm Name _____
Street 1 _____
Street 2 _____
City/Town _____ State _____ Zip Code _____-_____
Telephone (_____)_____-_____ PA Attorney ID Number _____

SEE IMPORTANT INFORMATION ON REVERSE.

Claim Representative

First Name _____ Last Name _____
Telephone (_____) _____ - _____

(OVER)

The referenced Insurer/Employer requests the Bureau of Workers' Compensation to select a physician for an Impairment Evaluation to be conducted in accordance with Section 306(a.2) of the Workers' Compensation Act.

Copies of this request have been served on all parties.

First Name	Last Name
Signature	

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program