

# AME/QME Appointment

## WARBRITTON & ASSOCIATES IMPAIRMENT RATING SPECIALISTS

80 Grand Avenue, Suite 200, Oakland, CA 94612  
Phone (510) 251-8851 Fax (510) 251-8844

Date \_\_\_\_\_ Referred by \_\_\_\_\_ Authorized By \_\_\_\_\_ Initials \_\_\_\_\_

### Patient

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
SSN# \_\_\_\_\_  
WCAB# \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Job title \_\_\_\_\_  
Date of Injury \_\_\_\_\_  
Reason/Body part: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Type of visit

AME  
 QME:  Panel  Applicant  Defense  
 Re-eval  Second opinion/surgery

### Interpreter

Interpreter needed. Language \_\_\_\_\_

(Advise interpreter that psychiatric appointments may last up to 4 hours.)

### Diagnostic tests authorized

Yes  No  Call first

#### RECORDS AND FAILURE TO APPEAR:

- No show charge of \$500 (72 hours notice required) will be assessed for failure to appear (patient or interpreter);
- Records (including prior MRI/CT scan/films) need to be sent **4 weeks prior** to the appointment;
- In order to provide you with a timely report, **all records must be received 2 weeks prior to the appointment at the latest.**
- Records are an integral part of the evaluation, and in many cases must be reviewed prior to the appointment. If records are not received 72 hours prior to the appointment, the appointment will be rescheduled and a **no show charge** will be assessed.

#### SEND RECORDS AND LETTERS TO:

80 GRAND AVE., SUITE 200, OAKLAND, 94612

- \$15 will be charged for returned medical records or send self addressed postage paid envelope.

### Workers Compensation Carrier

Carrier \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Adjuster \_\_\_\_\_  
Claim Number \_\_\_\_\_  
Employer \_\_\_\_\_

### Defense attorney

Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Applicant attorney

Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Physician preference

(all offices in Oakland unless otherwise noted)

#### Functional Capacity

Alireza Bagherian, D.C.

#### Orthopaedics

John Devor, M.D.  
 Mathias Masem, M.D.  
 Scott Taylor, M.D.  
 John D. Warbritton, III, M.D.

#### Neuropsychology

Jed Sussman, Ph.D.

#### Neurosurgery

Robert Blum, M.D.

#### Pain management

Jacob Rosenberg, M.D.

#### Physiatry

Albert Retodo, M.D.

#### Psychiatry

Richard Lieberman, M.D.  
 80 Grand Ave. #200, Oakland  
 Petaluma (755 Baywood Dr.,  
Second floor)  
 Sacramento (777 Campus  
Commons Rd., Suite 200)

### Appointment Schedule

Date \_\_\_\_\_ Time \_\_\_\_\_

Rescheduled From \_\_\_\_\_

Reschedule To \_\_\_\_\_

### How did you hear about us?

Mailer  Personal contact  Other counsel/adjuster

Other: \_\_\_\_\_