

*Specializing in Workers'
Compensation Permanent
and Stationary Report
Writing for California
Physicians*

ChiroComp

Dr. Kai Tiltmann, DC
Qualified Medical Evaluator
1670 Newhall Street #109, Santa Clara, CA 95050
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Date:

Doctor Information

Jane Doe, D.C.
1234 Main Street
San Jose, CA 95111
Tel: 408-555-5555

Adjuster Information

Jane Jones
Claims Representative
Compensation Carrier
4567 First Street
San Francisco, CA 95655
Tel: 415-555-5555

Patient Information

| | |
|----------------------------|-----------------|
| Employee: | John Doe |
| Employee Telephone Number: | 408-444-5555 |
| Date of Injury: | January 2, 1999 |
| Diagnosis, ICD-9: | 739.2 |
| Claim No: | 123 D1455 |
| Employer: | Chevron |

RE: Referral to Dr. Kai Tiltmann, DC

Dear Adjuster:

Pursuant to Labor Code Section 4061.5, I am designating Dr. Tiltmann, D.C., to render opinions on all medical issues necessary to determine the employee's eligibility for compensation. My patient is reaching permanent and stationary and has sustained a permanent partial disability. When Dr. Tiltmann evaluates the patient, reviews all the records and issues his report to me, I will correspond with you as to the findings. He will also send you a copy of the report. The patient will call his office to set up an appointment.

PLEASE FORWARD ALL MEDICAL RECORDS DIRECTLY RELATED TO THIS CASE TO
DR. TILTMANN, DC AT THE ABOVE ADDRESS.

Sincerely,

Dr.

cc. Dr. Tiltmann