



ATTORNEY REFERRAL FORM

MORLEY SLUTSKY M.D., M.P.H., F.A.C.O.E.M.

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contact@ratingexam.com

1. Please EMAIL, FAX OR MAIL this form to Dr. Slutsky's Office. Dr. Slutsky's Staff Will contact the patient to schedule an appointment.
2. Please notify the patient of this referral.
3. Please fax, mail or allow Dr. Slutsky (electronic) access to the patients medical records so they may be considered during the evaluation.
4. If this is an evaluation by a patient whose physician does not want to provide the rating, please have the physicians office complete the LNI Treating Physician Referral form so Dr. Slutsky can perform a consultant rating exam.

TREATING PROVIDER:

Phone:

Fax:

PATIENT NAME:

PATIENT PHONE NUMBER:

L & I CLAIM #:

CLAIMS MANAGER NAME:

CLAIMS MANAGER:

Phone:

Fax:

THIS FORM SERVES NOTICE THAT MORLEY SLUTSKY MD WILL ACT AS A CONSULTANT TO THIS PATIENT'S TREATING PROVIDER AND OR CLAIMS EXAMINER FOR THE SOLE PURPOSE OF PERFORMING A RATING EXAMINATION UNDER WA STATE REGULATIONS.

ATTORNEY SIGNATURE

DATE