



WA LNI TREATING PHYSICIAN RATING EXAM REFERRAL FORM

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

Appointments: (800) 990 - 7924

Fax: (888) 418 -7997

Mailing Address: 4580 Klahanie Dr. SE, #125 Sammamish WA 98029

www.ratingexam.com

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.

LNI CLAIM #: _____

Patient Name: _____

Phone: _____

Treating Provider Name: _____

Phone: _____

Fax: _____

THIS FORM SERVES NOTICE THAT MORLEY SLUTSKY MD WILL ACT AS A CONSULTANT TO THIS PATIENT'S TREATING PROVIDER FOR THE SOLE PURPOSE OF PERFORMING A RATING EXAMINATION. THIS EVALUATION DOES NOT CONSTITUTE TRANSFER OF CARE.

TREATING PHYSICIAN SIGNATURE

DATE