

FCE/WORK HARDENING REFERRAL FORM

(PLEASE CIRCLE APPROPRIATE PROGRAM)

Today's Date: _____ Claim Number: _____ DOI: _____

Client's Name: _____ Male Female DOB: _____

Address: _____ Phone: _____

Employer: _____ SSN: _____

Program Approved? _____ Interpreter Needed Yes No

Accepted Conditions/Doctor's Diagnosis: _____

Doctor had Okayed to test to tolerance? Yes No _____

Referral Source: _____ Phone: _____ Fax: _____

Address: _____

Claims Manager: _____ Phone: _____ Fax: _____

Address: _____

Bill to: _____ Address: _____

Send Copies To:

Dr. _____ Address: _____

VRC: _____ Address: _____

Attorney: _____ Address: _____

Other: _____ Address: _____

Will JA's be sent? Yes No If so, when? _____

Comments/Notes to Evaluator: _____

Time and Date FCE/WH Scheduled: For _____ Location: _____

Please Return this form to:



- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> 1632 W. Court
<input checked="" type="checkbox"/> Pasco , WA 99301
(509) 547-3636
Fax: (509) 545-5095 | <input type="checkbox"/> 343 Wellsian Way
<input type="checkbox"/> Richland , WA 99352
(509) 946-9191
Fax: (509) 946-8247 | <input type="checkbox"/> 35 S. Louisiana St.
<input checked="" type="checkbox"/> #A140
<input checked="" type="checkbox"/> Kennewick , WA 99336
(509) 582-0429
Fax: (509) 582-1182 | <input type="checkbox"/> 455 E. Hemlock
<input checked="" type="checkbox"/> Othello , WA 99344
(509) 488-0773
Fax: (509) 488-0818 | <input type="checkbox"/> 1342 S Pioneer Way
<input checked="" type="checkbox"/> Moses Lake , WA 98837
(509) 765-9608
Fax: (509) 766-0481 |
| <input type="checkbox"/> 4791 W Van Giesen St
<input type="checkbox"/> West Richland , WA 99353
(509) 967-2700
Fax: (509) 967-2766 | <input type="checkbox"/> 214 Ash Ave.
<input checked="" type="checkbox"/> Grandview , WA 98930
(509) 882-3111
Fax: (509) 882-3362 | <input type="checkbox"/> 604 Ninth St.
<input checked="" type="checkbox"/> P.O Box 840
<input checked="" type="checkbox"/> Benton City , WA 99320
(509) 588-2924
Fax: (509) 588-4564 | <input type="checkbox"/> 1366 Bridge Street
<input checked="" type="checkbox"/> Clarkston , WA 99403
(509) 751-1780
Fax: (509) 751-8771 | <input type="checkbox"/> 1020 S. Main
<input checked="" type="checkbox"/> Milton-Freewater , OR 97862
(541) 938-2028
Fax: (541) 938-2029 |

Denotes authorized work-hardening sites. FCE's performed at all offices

WE WILL CALL YOU THE SAME DAY (IF POSSIBLE) WITH AN APPOINTMENT TIME FOR YOUR FCE / WORK HARDENING