Estimated DFEC Referral Fax Sheet

Jeff Malmuth & Co.
Phone: (415)362-7005 Fax: (415) 362-7040
Visit our website to complete the form online at http://www.jmalmuth.com/

REFERRING ATTORNEY: _____

Email:_____ Firm: _____

CLIENT INFORMATION: **WCAB No:** _____

Client's Name: _____ Claim No: _____

Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip Code:_____

DOI: _____ P&S Date: _____

Date of Birth: _____ Wage at DOI: _____
(Pay Stub preferred. W-2 data is not relevant to a DFEC Estimate.)

Occupational Group #: _____ Job Title at DOI: _____

Wages post-DOI: _____ Employer & City of Employer at DOI(For EDD): _____

Work Restrictions/Functional Limitations: _____
(Please attach relevant sections of medical reports that list the Work Restrictions/Functional Limitations.)

Impairment #/Impairment: (Attach additional impairments if needed)	**Corresponding WPIs:** (Unadjusted for age and occupation)	**% of Apportionment to Non-Industrial (If applicable):**
Example: *15.01.01.00/Cervical Spine DRE*	*8% WPI*	*10%*

Rating Strings for Each Body Part (Attach DEU Ratings, if available):

_____

_____

_____

_____

_____

Include check for $125.95 for each referral. We anticipate a one week turnaround. For RUSH orders please call us at the phone number listed above.