

MIRFAK ASSOCIATES, INC.

Vocational and Health Consultants

Fax all referrals to: (925) 296-0301

577 Ygnacio Valley Road ♦ Walnut Creek, CA 94596-3801 ♦ (925) 296-0300 ♦ Fax: (925) 296-0301

REQUEST FOR SERVICES

Requested by: _____

Billee: _____

Title: _____

Firm: _____

Add. 1: _____

Add. 2: _____

Phone: _____

FAX: _____

Email: _____

Employer: _____

Add. 1: _____

Add. 2: _____

Phone: _____

FAX: _____

Contact: _____

Title: _____

App/Pltf Atty: _____

Firm: _____

Add. 1: _____

Add. 2: _____

Phone 1: _____

Phone 2: _____

FAX: _____

Assistant: _____

Email 1: _____

Email 2: _____

WA: ___ CP: ___

Def Atty: _____

Firm: _____

Add. 1: _____

Add. 2: _____

Phone 1: _____

Phone 2: _____

FAX: _____

Assistant: _____

Email 1: _____

Email 2: _____

WD: ___ CD: ___

Doctor: _____

Firm: _____

Add. 1: _____

Add. 2: _____

Phone: _____

FAX: _____

RE (applicant, plaintiff): _____

Add. 1: _____

Add. 2: _____

Phone: _____

Cell: _____

WCAB#(s), or ADJ#(s): _____

Claim#(s): _____

Case Name: _____

Case#: _____

Mod/Alt Work Available: Yes ___ No ___

If No, Date Notice Mailed: _____

S. S. # (last 4 digits only): _____

Date of Birth: _____

Date of Injury: _____

DOME: _____

DOVF: _____

Occupation: _____

Date of Hire: _____

Date Last Worked: _____

Wages: \$ _____/WK: _____/HR: _____/MO: _____

VRMA: \$ _____/WK

TTD: \$ _____/WK

Injury: _____

Surgery Date(s): _____

P & S Date: _____

The following services are authorized:

- Expert Testimony
- Voc. Rehab Evaluation
- DFEC – Records Only
- DFEC Comprehensive Evaluation
- DFEC Comprehensive Eval. + a 100% claim
- LeBoeuf Evaluation
- Consulting Services for Litigation
- Labor Market Survey
- Life Care Plan
- PGAP Services
- Job Analysis
- Ergonomics Evaluation
- Return to Work Services
- Job Placement Services
- Medical Management

Other: _____

COMMENTS: _____ / _____ / _____

Hand dom: Right: _____ Left: _____ Ambi: _____

Eval. Date: _____

Interpreter needed: ___ Yes Language: _____

Report due date: _____

Deposition date: _____

MSC date: _____

Trial date(s): _____

Referral Date: _____

Consultant: _____

Mirfak Code: _____