



# Referral for Services

1850 Gateway Blvd. #275  
 Concord, CA 94520  
 Phone: 800-746-4364  
 Fax: 925-602-8993  
 Email: REFER@DMGWorks.com

|                                |  |                             |   |
|--------------------------------|--|-----------------------------|---|
| <b>EMPLOYEE</b>                |  | <b>REFERRAL FROM</b>        | <b>Date:</b> ___/___/___  |
| <b>ADDRESS</b>                 |  | <b>COMPANY</b>              |   |
| <b>CITY/STATE/ZIP</b>          |  | <b>CONTACT</b>              |   |
| <b>PHONE</b>                   |  | <b>ADDRESS</b>              |   |
| <b>CLAIM # (if applicable)</b> |  | <b>CITY/STATE/ZIP</b>       |   |
| <b>JOB TITLE</b>               |  | <b>PHONE</b>                |   |
|                                |  | <b>FAX</b>                  |   |
| <b>EMPLOYER</b>                |  | <b>EMAIL</b>                |   |
| <b>ADDRESS</b>                 |  | <b>SERVICE(S) REQUESTED</b> |   |
| <b>CITY/STATE/ZIP</b>          |  |                             |   |
| <b>SUPERVISOR</b>              |  |                             | Job Description   |
| <b>PHONE</b>                   |  |                             | Job Description and Physician Follow Up<br><i>(specific to Workers' Compensation claim)</i>     |
| <b>EMAIL</b>                   |  |                             | Job Analysis  |
|                                |  |                             | Time Study  |
| <b>PHYSICIAN</b>               |  |                             | Ergonomic Assessment  |
| <b>ADDRESS</b>                 |  |                             | Permanent Modified/Alternative Work Meeting<br><i>(specific to Workers' Compensation claim)</i> |
| <b>CITY/STATE/ZIP</b>          |  |                             | Job Accommodations / Interactive Process –<br>case facilitation                                 |
| <b>PHONE</b>                   |  |                             | OTHER:  |
| <b>FAX</b>                     |  |                             |   |
| <b>EMAIL</b>                   |  |                             |   |
|                                |  |                             |   |
| <b>DEFENSE ATTY.</b>           |  | <b>Notes / comments:</b>    |   |
| <b>ADDRESS</b>                 |  |                             |   |
| <b>CITY/STATE/ZIP</b>          |  |                             |   |
| <b>PHONE</b>                   |  |                             |   |
| <b>FAX</b>                     |  |                             |   |
| <b>EMAIL</b>                   |  |                             |   |
|                                |  |                             |   |
| <b>APPLICANT ATTY.</b>         |  |                             |   |
| <b>ADDRESS</b>                 |  |                             |   |
| <b>CITY/STATE/ZIP</b>          |  |                             |   |
| <b>PHONE</b>                   |  |                             |   |
| <b>FAX</b>                     |  |                             |   |
| <b>EMAIL</b>                   |  |                             |   |