



# 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>CITY/STATE/ZIP</b>			
<b>SUPERVISOR</b>		<b>SERVICE(S) REQUESTED</b>	
<b>PHONE</b>			Job Description
<b>EMAIL</b>			Job Description and Physician Follow Up <i>(specific to Workers' Compensation claim)</i>
			Job Analysis
<b>PHYSICIAN</b>			Time Study
<b>ADDRESS</b>			Ergonomic Assessment
<b>CITY/STATE/ZIP</b>			Permanent Modified/Alternative Work Meeting <i>(specific to Workers' Compensation claim)</i>
<b>PHONE</b>			Job Accommodations / Interactive Process – case facilitation
<b>FAX</b>			OTHER:
<b>EMAIL</b>			
<b>DEFENSE ATTY.</b>		Notes / comments:	
<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>			