Return to:
Law Office of Richard Pena
1701 Directors Blvd., Suite 110
Austin, Texas 78744

REPORT OF MEDICAL EVALUATION

1. Injured Patient's Name (Last, First, Middle Initial)	2. Approximate Date of Injury	3. Date of Last Visit

4. Doctor's Name, Title & Specialty	5. Phone Number:

6. Doctor's Mailing Address: (Street or P.O. Box)	(City & State)	(Zip Code)

7. Professional License Number	8. Number of Visits by Patient

9. Diagnosis	10. Estimated Future Medical Treatment & Costs

IMPAIRMENT RATING

11. I certify that the patient has a whole body impairment rating of _____%.

The impairment rating should be based on objective clinical or laboratory findings. Objective clinical or laboratory finding means a medical finding of impairment resulting from the above-referenced injury, based on competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the patient. The impairment rating shall be based on the above-referenced injury alone.

12. Additional Comments

13. Signature of Doctor	14. Date of Report	15. Doctor Type: (Check Appropriate Blank)
_____	_____	__ Treating __ Other