

Return to: Law Offices of Richard Pena  
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## 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. Doctor's Phone Number	6. Doctor's Mailing Address: Street or PO Box      City & State      Zip Code		
7. Professional License Number:		8. Number of Visits by Patient	
9. Diagnosis			
10. Estimated Future Medical Treatment & Costs			
<b>IMPAIRMENT RATING</b>			
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 a compensable 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 compensable injury alone.			
12. Additional Comments			
13. Signature of Doctor	14. Date of Report	15. Doctor Type (Check appropriate)  ___ Treating    ___ Other	