

FCE/WORK HARDENING REFERRAL FORM

(PLEASE CIRCLE APPROPRIATE PROGRAM)

Today's Date: _____ Claim Number: _____ DOI: _____

Client's Name: _____ Male Female DOB: _____

Address: _____ Phone: _____

Employer: _____ SSN: _____

Program Approved? _____ Interpreter Needed Yes No

Accepted Conditions/Doctor's Diagnosis: _____

Doctor had Okayed to test to tolerance? Yes No _____

Referral Source: _____ Phone: _____ Fax: _____

Address: _____

Claims Manager: _____ Phone: _____ Fax: _____

Address: _____

Bill to: _____ Address: _____

Send Copies To:

Dr. _____ Address: _____

VRC: _____ Address: _____

Attorney: _____ Address: _____

Other: _____ Address: _____

Will JA's be sent? Yes No If so, when? _____

Comments/Notes to Evaluator: _____

Time and Date FCE/WH Scheduled: For _____ Location: _____

Please Return this form to:



1632 W. Court
Pasco, WA 99301
(509) 547-3636
Fax: (509) 545-5095

343 Wellsian Way
Richland, WA 99352
(509) 946-9191
Fax: (509) 946-8247

35 S. Louisiana St.
#A140
Kennewick, WA 99336
(509) 582-0429
Fax: (509) 582-1182

455 E. Hemlock
Othello, WA 99344
(509) 488-0773
Fax: (509) 488-0818

1342 S Pioneer Way
Moses Lake, WA 98837
(509) 765-9608
Fax: (509) 766-0481

4791 W Van Giesen St
West Richland, WA
99353
(509) 967-2700
Fax: (509) 967-2766

214 Ash Ave.
Grandview, WA 98930
(509) 882-3111
Fax: (509) 882-3362

604 Ninth St.
P.O Box 840
Benton City, WA 99320
(509) 588-2924
Fax: (509) 588-4564

1366 Bridge Street
Clarkston, WA 99403
(509) 751-1780
Fax: (509) 751-8771

1020 S. Main
Milton-Freewater, OR
97862
(541) 938-2028
Fax: (541) 938-2029

(WH) Denotes authorized work-hardening sites. FCE's performed at all offices

WE WILL CALL YOU THE SAME DAY (IF POSSIBLE) WITH AN APPOINTMENT TIME FOR YOUR PCE OR WORK