

State of Nevada
Department of Business and Industry
DIVISION OF INDUSTRIAL RELATIONS
Workers' Compensation Section
1301 North Green Valley Pkwy., Suite 200
Henderson Nevada 89074
(702) 486-9080 (702) 990-0363 FAX

REQUEST FOR A ROTATING RATING PHYSICIAN OR CHIROPRACTOR

Name of Requestor: _____ Date: _____
Address: _____ Phone: _____ FAX: _____
City: _____ State: _____ Zip: _____
Requestor is: _____ Insurer/Third-Party Administrator; _____ Injured Employee;
_____ *Injured Employee's Attorney or Representative; _____ Other (Specify)

**Please provide a signed release or power of attorney*

Insurer/Third-Party Administrator/
Association of Self-Insured Employers Name: _____ Certificate #: _____
Self-Insured Employer's Name: _____ Certificate #: _____
Employer Name: _____
Injured Employee's Name: _____
Injured Employee's Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ - _____ - _____ Claim Number: _____ Date of Injury: _____

INSURER'S INITIAL REQUEST

Stable & Ratable Received: _____ Name(s) of Treating & Evaluating Doctor(s): _____
Body Part(s) Codes: _____
Body Part(s) to be evaluated _____
Diagnosis: _____
Name(s) of Doctor(s) who reviewed for possible PPD _____

If a specific specialty is ordered by a hearing or appeals officer, the decision must be attached

FOR ADDITIONAL RATING PHYSICIAN/CHIROPRACTOR REQUESTS ONLY

Date(s) of prior PPD Evaluation(s): _____ Prior Rating Doctor(s): _____
Name of Treating Physician(s)/Chiropractor(s): _____
Body Part(s) Codes: _____
Body Part(s) to be evaluated: _____
Diagnosis: _____
Reason for additional request: _____

If a specific specialty is ordered by a hearing or appeals officer, the decision must be attached

INSURER AND INJURED EMPLOYEE ASSIGNMENT/AGREEMENT OF RATER

Assigned or Agreed by: _____ Date of Assignment/Agreement: _____
Physician/Chiropractor Assigned or Mutually Agreed to: _____
Assigned Rating Physician/Chiropractor's Phone Number: _____

****Notice to requestor: Hard copy will not follow by mail.**

Compliance with NAC 616C.103 is required