



REAL TIME RECORDS
EXPEDITED DOCUMENT RETRIEVAL

RATING REQUEST

FROM:

APPLICANT INFORMATION		WCAB #:
Name:		Date of Birth:
Employer:		SSN#:
	Company has more than 50 employees	
Occupation:	Occupation Group #:	Date of Injury:
Gross Salary:	Weekly Bi-Monthly Monthly	Job Offer Date:
Report:		P&S Date:

EVALUATOR INFORMATION		
Evaluator:		Report Date:
Requested By:		Request Date:
Requestor Phone:	Fax:	eMail:

	INCLUDE OGILVIE RATING
	Occupation from EDD Website:
	Applicant Currently Working Applicant <i>NOT</i> Working - Last Day Worked:
	Avg. Weekly Hours: Total Income for Last 3 Years:
	Report:

RATING INFORMATION		
		MDIS Control #:
Rating Completed By:		Date Completed:

CHECKLIST	
Faxed this form.	

Fax a copy of medical report to be rated. DMail, Fax or eMail this Request Form to:

REAL TIME RECORDS, INC.

Attn: RATING REQUEST

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