

RAT ING REQUEST

**FROM:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**REAL TIME RECORDS, INC.**

**Attn: RATING REQUEST**

1773 W. San Bernardino Rd. · Suite B48 · West Covina, CA 91790 Tel: 626·653·6626 · Fax: 626·653·6960 · www.realtimerecs.com

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

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|  | **INCLUDE OGILVIE RATING** |
|  | Occupation from EDD Website:Applicant Currently Working Applicant *NOT* Working - Last Day Worked: |
| Avg. Weekly Hours: Total Income forLast 3 Years: |
| Report: |

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| --- | --- |
| **RATING INFORMATION** |  |
|  | **MDIS Control #:** |
| **Rating Completed By:** | **Date Completed:** |

|  |  |
| --- | --- |
| **CHECKLIST** |  |
| Faxed this form. |  |