

**ADELBERG ASSOCIATES MEDICAL GROUP - REQUEST FOR APPOINTMENT FORM**

Print and fax to: 916-362-6115 or Email to: [Scheduling@adelbergassociates.com](mailto:Scheduling@adelbergassociates.com)

Dr. requested: \_\_\_\_\_ Your name \_\_\_\_\_  
Type of appt: QME: \_\_\_\_\_ AME: \_\_\_\_\_ Re-Eval: \_\_\_\_\_ AOE/COE: \_\_\_\_\_ OWCP: \_\_\_\_\_ SIBTF: \_\_\_\_\_  
Party requesting appt: Applicant Atty: \_\_\_\_\_ Defense Atty: \_\_\_\_\_ INS Co.: \_\_\_\_\_ Injured Worker \_\_\_\_\_

Injured Workers name: \_\_\_\_\_ MALE or FEMALE \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ D.O.B: \_\_\_\_\_ SSN # \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Body part(s) injured: \_\_\_\_\_  
Date of injury: \_\_\_\_\_ Email Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Fax \_\_\_\_\_  
Adjuster Name: \_\_\_\_\_ Adjuster Email \_\_\_\_\_  
Assistant Name: \_\_\_\_\_ Assistant Email \_\_\_\_\_  
Claim number: \_\_\_\_\_ ADJ: \_\_\_\_\_ Panel # \_\_\_\_\_  
Firm service email address: \_\_\_\_\_

Applicant Attorney Information: Yes \_\_\_ NO \_\_\_      Defense Attorney Information: Yes \_\_\_ NO \_\_\_  
Firm Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
Firm email: \_\_\_\_\_ Firm email: \_\_\_\_\_  
Attorney: \_\_\_\_\_ Attorney: \_\_\_\_\_  
Atty email: \_\_\_\_\_ Atty email: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
Who Responsible for providing CL and meds? Name: \_\_\_\_\_ Phone \_\_\_\_\_

Interpreter Needed? YES \_\_\_ NO \_\_\_ Language \_\_\_\_\_ Party Setting? \_\_\_\_\_ Interp Agency Name \_\_\_\_\_

**For Attorney's and Insurance Company;** Instructions will be sent with appointment letter on how to send Medical Records to Doctor. EMR for all Dr's except Zimmerman who requires paper meds. Cover Letter, Medical Records, & DEU forms 4 weeks in advance.

*Internal Use Only below:*  
Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_  
BOOK \_\_\_\_\_ HP CALENDAR \_\_\_\_\_ HP NOTES \_\_\_\_\_ HP APPT LINE \_\_\_\_\_ Initials \_\_\_\_\_  
Date Form Rec'd by AAMG: \_\_\_\_\_