

PD Rating Request Form ↓ (X) Check Required Service	Check for Rush Service:	← 1 Business Day \$75
		← 2 Business Days \$50

<p>←Basic Consultative Rating:</p> <ul style="list-style-type: none"> • Disability Formulas based on evaluator's reported Impairment. • Only corrections to mathematical miscalculations and incorrect pie charts interpolations. • Adjustments under the 05PDRS, 97PDRS or 88PDRS. • Minimal compliance comments may be included if impairment contrary to AMA Guides, 5th Edition. • Includes the Traditional AMA Guides Rating and Alternative Rating under Almaraz/Guzman. • Apportionment under both Labor Code Section § 4663 & 4664 will be applied. <p style="text-align: right;">One medical report: \$95 -165; Multiple Reports 175 - 275</p>
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<p>←Comprehensive Rating Analysis:</p> <ul style="list-style-type: none"> • Annotates findings in support of the correct rating under the Guides or Almaraz/Guzman. • Considers duplication within the multiple evaluations for different body organs / systems • Includes Traditional and alternative ratings under Almaraz/Guzman (with/without corrections). • Corrects miscalculations of WPI and annotates deficiencies & inconsistencies of the report to AMA Guides and rating procedures, including missing or incomplete evaluation criteria • Recommends Corrected Disability Ratings & Comparative Impairment-As-Reported Formulas. • Provides Annotations specifying missing information required from the evaluator in the determination of accurate Impairment Calculation One Report \$145 - 275; Multiple 295 - 395+

←If Comprehensive Rating Request requires a DEU Rating and/or Private Rating Review

Return By	← E-Mail	← Fax	Schedule	← 88/97PDRS	←2005/2013PDRS	
↑ E-Mail Address ↑			↑ Fax Phone # ↑			
↑ Name of Requestor ↑			↑ Direct Voice Phone # w/Ext ↑			
↑ Carrier/Adjusting Agency/Employer ↑			↑ Claim / File # / WCAB File # / DEU # ↑			
↑ Employee Name ↑			↑ SS # (Last 4 Numbers) ↑			
↑ Employer ↑			↑ Occupation ↑			
↑ Date of Injury / CT Date ↑			↑ Date of Birth / Age On DOI ↑			
↑ Injury To (Joint / Organ / Body Segment or Systems) ↑						
↑ Average Weekly Rate (AWR)↑			Optional	↑ PD Weekly Rate ↑		

Check (X): Medical Report (s)					
← PTP	← PTP Consult	Remarks/Special Instructions:			
← PQME	← APQME				
←Other	← AME				
←Medical File / Multiple Reports *					

*To mail a complete file/multiple reports: email craig@pdratings.com for mailing address.