Relationships at Work, Inc. with **Dr. Debra Dupree**
755 F Avenue, Coronado, CA 92118
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Request for Interactive Process Facilitator

Date Rcvd by Dr. D. Dupree		Claims Representative	
Employer		Claim Rep's Phone No.	
Employer's Address			
Contact Person		Phone and/or email	

Employee with the Medical Condition

Employee's Name		Employee's Phone No	
Employee's Address			
Claim Number		Date of Birth	
Date of Injury, Illness or Disability		If CT, Dates included	
Body Part/s			
Occupation		Working Now?	**Yes** ☐ No ☐

Medical Information

MMI Report Date			Doctor's Name				
Dr.'s Address							
Dr.'s Phone No.							
Is the above Doctor:	PTP	☐	QME	☐	AME	☐	
Functional Limitations for a Return to Work							

Attorneys

Defense Attorney		Applicant Attorney	
Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone	

Comments/Special Instructions			
Interpreter Needed	**Yes** ☐ **No** ☐	Date form completed	
Job Description attached	**Yes** ☐ **No** ☐	Authorization to Release Medical Report attached	**Yes** ☐ **No** ☐