Relationships at Work, Inc. with **Dr. Debra Dupree**
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Request for Interactive Process Facilitator: Workers' Compensation-related

Date Rcvd by Dr. D. Dupree		Claims Representative	
Employer		Rep's Phone | email	
Employer's Address			
Contact Person		Phone | email	

Employee with the Medical Condition

Employee's Name		Employee's Phone	
Employee's Address			
Occupation		Date of Birth	
Date of Injury, Illness or Disability		Working now?	**Yes** ☐ No ☐
Injured Body Part(s)			
Work-related Injury?	**Yes** ☐ No ☐	Claim #	

Medical Information

Doctor's Name				Report Date		
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** ☐

Return via email to: dr.dupree@relationships-at-work.com