

DATE

Re: Claimant:  
DOB:  
Claim No:

Dear Dr.

The Department of Labor and Industries and our office have agreed that you are the most appropriate physician to perform the final rating examination for

Therefore, when care is concluded, please perform a final rating examination and forward your report and billing to the following:

Department of Labor and Industries  
P.O. Box 44291  
Olympia, WA. 98504-4291

Additionally, we would appreciate a courtesy copy of your report. If you need any additional information, please do not hesitate to contact our office. Thank you for your assistance in this matter.

Very truly yours,