

[DATE]

[CM]

Department of Labor & Industries

P.O. Box 44291

Olympia, WA 98504-4291

Re: Claimant:

Claim No:

Dear [CM]:

As you are aware, [CLAIMANT] was examined by panel doctors at the request of the Department of Labor & Industries on [DATE]. This is to request that upon receipt of the doctor's report in your office, that you forward a copy to my attention. Thank you for your time and cooperation.

Very truly yours,