

Impairment  
Rating  
Specialists



**John Alchemy M.D.**  
*A Medical Corporation*

2360 Mendocino Ave, Ste A2-325  
Santa Rosa, CA 95403  
Tel. (707) 483-4346  
Fax (206) 338-3005

Email: [jamd@PR4Report.com](mailto:jamd@PR4Report.com)  
Visit Us at [www.PR4Report.com](http://www.PR4Report.com)

**Adjuster's Referral for Final Impairment Report**

Date:	Applicant: Applicant Tel :
Carrier:	Social Security #:
Adjuster Name:	Date of Injury:
Adjuster Tel:	Date of Birth:
Adjuster Fax:	Claim#:
Adjuster Email:	Body Location(s) Authorized:
UR Fax:	Referring Doctor/Clinic:

**I am providing authorization for a one time consult to perform a Validated Certified Comprehensive Final Written Ratable Permanent and Stationary Report/ML 102 for purposes of final adjudication of this applicant's claim.**

**Referring Adjuster's Name:** \_\_\_\_\_

**Referring Adjuster Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Fax Request for Consultation to 206-338-3005, please save your fax receipt.**

WARNING: THIS MAY CONTAIN CONFIDENTIAL AND PRIVILEGED MEDICAL INFORMATION. It is unlawful for unauthorized persons to review, copy, disclose, or disseminate confidential medical information. If the reader of this warning is not the intended recipient, or the intended recipient's agent, you are hereby notified that you have received this transmission in error. Please notify us immediately at the number listed above. It is also requested that you immediately send the transmission to our office at the above address by mail. HIPAA.