

Employer Medical Service Order

Doctor / Clinic Name: _____

Doctor / Clinic Address: _____

We are sending _____ to you for an
(Employee Name)

evaluation relative to a work-related injury sustained on: _____
(Date of Injury)

(Date of Injury)

Please submit your Doctor's First Report of Injury and any subsequent medical reports and bills to:

CompWest Insurance Company
c/o Gallagher Bassett
PO Box 23777
Portland, OR 97223
Or fax to: 208-375-3078
Telephone: 208-322-2822

Employer Name: _____

Signature: _____

Print Name and Title: _____

Phone Number: _____

Please be advised we make every effort to accommodate modified/light duty.

Please be specific as to the weight, frequency and duration of those activities.