

Medical Equation, Inc.
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Austin, TX 78716
800-235-9527
512-301-1725 - fax



32 Processing Form

PICK UP DATE: _____ DATE NEEDED: _____ RUSH: YES NO

CARRIER: _____ ADJUSTER: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ FAX: _____

EXTENT (TWC 1 & job description attach'd) DISABILITY (TWC 1 & job description attach'd)
 RTW MMI IMPAIRMENT RATING

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 SUMMARY ONLY                       32 ONLY                       BOTH

DD APPOINTMENT DATE: \_\_\_\_\_

COMPENSABLE INJURIES: \_\_\_\_\_

DISPUTED AREAS: \_\_\_\_\_

DATES OF DISABILITY: \_\_\_\_\_

CLAIMANT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN#: \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_

CLAIM #: \_\_\_\_\_ DWC #: \_\_\_\_\_

DATE OF STATUTORY MMI: \_\_\_\_\_

CLAIMANT ADDRESS/PHONE: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

CLAIMANT EMPLOYER: \_\_\_\_\_

TREATING DOCTOR: \_\_\_\_\_

ADDRESS/PHONE: \_\_\_\_\_

TREATMENT: \_\_\_\_\_

(PRESCRIPTION/PT/OT/SURGERIES/INJECTIONS)

ANY QUESTIONS, PLEASE CALL 512-301-1712 OR EMAIL: [akane@medicalequation.com](mailto:akane@medicalequation.com)