



# Medical Functional Assessments

2557 Mowry Avenue, Suite 22 • Fremont, CA 94538  
Phone 510-795-7746 • Fax 510-795-7710  
www.medicalfca.com

## REFERRAL REQUEST

Let us do the legwork;  
we will obtain authorizations.

***Objective evaluations create optimal outcomes.***

### Patient Information

Patient Name: \_\_\_\_\_ Date of injury: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis: \_\_\_\_\_

### Service Requested

- Comprehensive Objective Functional Capacity Evaluation (with AMA impairment rating)
- Comprehensive Objective Functional Capacity Evaluation
- Fitness for Duty Testing
- Ergonomic Evaluation

### Signature

Physician Name: (printed) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Number: (     ) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

### Submit

Please include:

- Original Physician Report
- Most recent PR-2/PR report
- Demographics
- Referral form

***Fax Forms To:  
510-795-7710***

***Thank you for your referral!***