

Request for Consultative Rating

**NO STAPLES
NO HOLE PUNCH
NO PAPER CLIPS**

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION DIVISION
CLAIMS SERVICE CENTER

DATE OF INJURY: 04/15/2006
EMPLOYER: [Redacted]
EMPLOYEE: [Redacted]

DATE OF EVALUATION: 04/15/2006
EVALUATOR: [Redacted]

DATE OF REPORT: 04/15/2006

Date of document following Document Separator Sheet

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Dr. David A. Cogan, M.D.
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