## STATE OF CALIFORNIA

Department of Industrial Relations Division of Workers' Compensation DISABILITY EVALUATION UNIT

DISTIBILIT	I LVILOI				Date:	
TO:	Presiding V	Vorkers' Comp.	Judge,			
FROM:	Disability I	Evaluation Unit			(Office	<i></i>
SUBJECT:	DEU File Employed QME: Date of R	<b>:</b> :			(Office	·)
disability m	ay be subject Section 466	t to apportionn	nent pursua	nt to Lal	bor Code S	all of the permane Section 4663 and/ ment is inconsiste
report back no responso	to the med e from the	lical evaluator	for correcator for the correct	ction or o	clarificatio	you may refer thon. If you receivour request, plea
		opriate space, so the DEU office	-		ttom of thi	s form and return
Thank you.						
The apport		IS CONS S NOT CONS	SISTENT _ SISTENT _		or with the l	aw.
			, Wor	kers' Co	mpensatio	on Judge
	(Signatur	<del>e</del> )			-	_
	(Date)					

NOTE: This memorandum is an administrative document and is not admissible in any judicial proceeding.