

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

220 French Landing Dr.
Nashville, Tennessee 37243-1002



FINAL MEDICAL REPORT

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

INSTRUCTIONS:

FORM TO BE COMPLETED BY THE PHYSICIAN.

STATE FILE # \_\_\_\_\_ INJURY DATE \_\_\_\_\_

CLAIMANT \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

EMPLOYER \_\_\_\_\_

INSURER \_\_\_\_\_ INS. CLAIM # \_\_\_\_\_

1. RETURN TO WORK DATE: \_\_\_\_\_ RESTRICTED DUTY
\_\_\_\_\_ REGULAR DUTY

2. DATE OF MAXIMUM MEDICAL IMPROVEMENT \_\_\_\_\_.

3. DID INJURY RESULT IN PERMANENT IMPAIRMENT? \_\_\_\_NO \_\_\_\_YES
IF YES, GIVE THE FOLLOWING:

\_\_\_\_\_ PERCENTAGE \_\_\_\_\_ BODY PART \_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT

\_\_\_\_\_ PERCENTAGE \_\_\_\_\_ BODY PART \_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT

4. EDITION OF AMA GUIDES USED TO DETERMINE RATING \_\_\_\_\_

REPORT MUST BE DATED AND SIGNED BY THE PHYSICIAN.

DATE \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

The copy to be filed with the Division can be provided by Fax, (615) 532-8546, or by mail, Workers' Compensation Division, 220 French Landing Drive, Nashville, TN 37243-1002.