OccMed, Preliminary Consultation Report

PATIENT NAME:	Anisa, Chaney	**Claim #** 2080381794
ADJUSTER:	Eva Reale	**Evaluation Date:** 4/22/21
INSURANCE COMPANY:	Zurich Insurance	**PHONE:** 818-227-1725 ~~**FAX:**~~

The above captioned patient was evaluated at this facility per your request. The following finding or requests are submitted to you while our full report an final determination is being processed. Please do not hesitate to contact us at for additional information.

DIAGNOSES:

① chest pain/SOB

② Dyspepsia, diarrhea, wt loss

CAUSATION:

- ☐ The patient was a NO-SHOW to the scheduled appointment
- ☐ The condition is NON-OCCUPATIONAL (Non- Compensable)
- ☐ The condition is NON-OCCUPATIONAL, but there IS/May be exacerbation / aggravation caused by work.
- ☐ The condition IS OCCUPATIONAL (compensable).
- ☐ The Need more information to make this determination: (see below)

Notes on causation : Need: ☐ Old w/c Records ☐ old private MD records ☐ Need MSDS (material safety data sheets)

Requesting authorization to do the following tests / consultations:

✓	CBC w diff		Uric Acid		Vitamin D-25-OH	**OTHER:**
✓	Metabolic 20	✓	PFT / DLCO		H Pylori ~~Stool~~ Breath
✓	Collagen Profile	✓	EKG		H Pylori IGG
	Lipid Panel	✓	Treadmill		Celiac Panel
✓	HbA1C	✓	Echo		RBC Magnesium
✓	TSH, T3, T4		Holter		
	PT/PTT	✓	CXR PA/LAT		
✓	Urinalysis		CXR B-Read		

The condition ☐ is / ☐ not PERMANENT & STATIONARY

- ☐ There is no residual impairment, patient should be discharged as cured
- ☐ There is residual impairment. (see report for details)
- ☐ There is apportionment. (see report for details)
- ☐ The patient IS / IS NOT a Qualified Injured Worker
- ☐ The patient needs further treatment. Please refer him / her to the following specialist: _____
- ☐ The patient needs further treatment on a non-industrial basis. He/she was referred to his / her own physician.

Additional Notes:

Thanks for referring this patient to our facility. Please do not hesitate to call ( ) for any additional concerns.

N. Betancourt
MD, MPH, DABT G 71771

faxed by:

faxed date: 4/23/21