**Med-Legal Evaluation Request**

*Identifying Information:*

Type of Evaluation: Panel #

Location:

Date of Exam:

Name:

DOB:

Address: Tel #

Claim #

ADJ #

SS #

Date of Injury:

Type of Injuty

Employer:

Interpreter:

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*To:*

Claims Examiner:

Insurance Carrier:

Mailing Address:

Tel # Fax

Applicant Attorney:

Mailing Address:

Tel # Fax

Defense Attorney:

Mailing Address:

Tel # Fax

*Comments:*

**Email this form to:** **EVAL@GARLANDPR.COM**