



Texas Department Of Insurance

Division of Workers' Compensation
Designated Doctor Scheduling Section
7551 Metro Center Dr. Ste.100 • MS-603
Austin, TX 78744-1609
(512) 804-4380 (512) 804-4121 fax www.tdi.state.tx.us

DWC Claim#

Carrier Claim#

REQUEST FOR DESIGNATED DOCTOR

I. EMPLOYEE/EMPLOYER INFORMATION

1. Employee's Name and Address - City State ZIP	
1a. Date of Birth (mm-dd-yyyy)	1b. Date of Injury (mm-dd-yyyy)
1c. Employee's Social Security #	1d. Employee's Telephone () -
2. Employer's Name and Address City State ZIP	
3. Representative's Name, if any	
3a. Telephone # () - ext.	3b. Fax # () -

II. TREATING DOCTOR/NETWORK INFORMATION

4. Treating Doctor's Name - City State ZIP	4a. Doctor's License #
4b. Doctor's Address	4c. Telephone # () - ext.
4d. Fax #	5. Workers' Compensation Health Care Network, if any

III. INSURANCE CARRIER INFORMATION

6. Insurance Carrier Name and Address for Medical Bills	
6a. Adjuster's Name	
6b. Adjuster's Telephone# () - ext	6c. Adjuster's Fax # () -

IV. OTHER INFORMATION

7. Date of Last Designated Doctor Exam
8. Requestor of Exam: <input type="checkbox"/> Division <input type="checkbox"/> Representative <input type="checkbox"/> DWC Medical Advisor <input type="checkbox"/> Injured Employee <input type="checkbox"/> Insurance Carrier

V. REASON FOR REQUEST (Check all that apply)

A <input type="checkbox"/> To determine Maximum Medical Improvement (MMI). B <input type="checkbox"/> To determine Impairment Rating. C <input type="checkbox"/> To determine the extent of the employee's compensable injury. D <input type="checkbox"/> To determine whether the employee's disability is a direct result of the work related injury. E <input type="checkbox"/> To determine the ability of the employee to return to work. F <input type="checkbox"/> To determine the employee's ability to return to work after the second anniversary of entitlement to supplemental income benefits-Section 408.151 G <input type="checkbox"/> Other:

VI. PROVIDE INJURY AND TREATMENT INFORMATION ON PAGE 2.

NOTE: With few exceptions, you are entitled by law to know, review, and correct information that DWC collects on its forms about you. For more information, call our Open Records section at 512-804-4434.



Social Security#:
Date of Injury:

Injury Areas – Check off each injury area that is part of the compensable workers’ compensation injury.		General Treatment Types – Check off each type of treatment received on each injury area that is part of the workers’ compensation injury and indicate if the treatment has been suspended or discontinued ¹ .									
		Physical Medicine		Prescription Medication		Therapeutic Injections		Surgery		Behavioral Medicine	
		Check if provided	Check if discontinued	Check if used	Check if discontinued	Check if given	Check if discontinued	Check if performed	Check if released by Surgeon ²	Check if provided	Check if discontinued
Musculoskeletal Injuries:											
1	Back and Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Hand and Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Lower Extremities and Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational Exposures and Injuries:											
4	Central Nervous System (Cerebrum/Forebrain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
5	Brain Stem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
6	Spinal cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Muscular and Peripheral Nervous System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
9	Cardiovascular System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
10	Hematopoietic System (blood disorders)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
11	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
12	Ears			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
13	Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
14	Teeth			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
15	Nose, Throat and Related Structures			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
16	Digestive System			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
17	Urinary and Reproductive Systems			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
18	Endocrine System (hormone system)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
19	Skin			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
20	Mental and Behavioral Disorders			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
21	Chronic pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Categories of Treatment Definitions

- Physical Medicine – Non-invasive treatment that involves manual movements of the affected body part. This includes treatments such as massage, myofascial release, physical therapy, manipulations, mobilizations, acupuncture, work hardening, work conditioning, etc.
- Prescription Medication – Medication that must be obtained from a pharmacist or the prescribing doctor and that cannot be obtained without a doctor’s prescription.
- Therapeutic Injections – Includes treatments such as epidural and trigger point injections and does not include minor/routine injections such as tetanus shots, allergy shots, or IVs.
- Surgery – An operation or other invasive treatment often performed at a hospital. This does not include minor procedures such as treating minor cuts or lacerations.
- Behavioral Medicine – Includes treatments such as psychiatry, psychological testing and counseling, biofeedback and related disciplines.

Each Injury Area includes the conditions/body parts/systems listed in the corresponding section or chapter of the 4th Edition of the AMA Guides to the Evaluation of Permanent Impairment. If it is unclear which row should be selected for a given condition, consult the AMA Guides to determine which section contains the methodology for rating impairment for the condition. Example - hernias are covered in row 16 – “Digestive” because that is the chapter that contains instructions on how to assign an impairment rating for a hernia.

1 – Indicating that a treatment has been discontinued is NOT a statement that further treatment of that sort is not medically necessary or that it will not resume at some point. Rather, it is a statement that at the time the request for a designated doctor is made, the employee is not actively receiving that treatment.

2 – A surgeon is considered to have released the employee after surgery when the employee has completed all follow-up visits required to verify the employee’s recovery from the surgery. It does not mean that the employee has been released to return to work, been released from all medical treatment, or reached MMI.

NOTICE: Providing incorrect or inaccurate information regarding this request could cause an incorrect selection of the designated doctor and may result in enforcement action including administrative penalties and fines.

