



Texas Department of Insurance

Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609
512-804-4000 • 512-804-4001 fax • www.tdi.state.tx.us

MEMORANDUM

DATE: November 3, 2008
TO: Workers' Compensation System Participants
FROM: Texas Department of Insurance, Division of Workers' Compensation
RE: Revised DWC Form-032, *Request for Designated Doctor*

The Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) has revised the DWC Form-032, *Request for Designated Doctor*. These changes are part of a continued initiative to improve the designated doctor process by:

- decreasing the number of Incomplete or Denied Requests by providing clear, detailed instructions to requesters;
- providing adequate space for requesters to provide required information; and
- ensuring the intent of Texas Labor Code §408.0041 is fulfilled.

Revised DWC Form-032 with Instructions

Requesters of designated doctor examinations should begin using the revised DWC Form-032 immediately. The revised DWC Form-032 is available for download from the TDI website at <http://www.tdi.state.tx.us/forms/form20all.html#dwc032>.

Submitting the Form to TDI-DWC

Submit the form by mail to:
Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100, MS-603
Austin, TX 78744-1609

Or submit the form by fax to: 512-804-4121.

Do not send the completed DWC Form-032 or copies of the form to TDI-DWC field offices. TDI-DWC will continue to accept and process old versions of the form until January 1, 2009. On and after January 1, 2009, requests received on old versions of the form will be returned to the requester.

For assistance or more information about the revised DWC Form-032, contact TDI-DWC by calling 800-252-7031.