

Employer Medical Service Order

Doctor / Clinic Name:	
Doctor / Clinic Address:	
We are sending(Employee Name)	to you for an
evaluation relative to a work-related injury sustained on:	(Date of Injury)
Please submit your Doctor's First Report of Injury and any subsequent me CompWest Insurance Company c/o Gallagher Bassett Services, Inc. PO Box 2831 Clinton, IA 52733-2831	edical reports and bills to:
Employer Name:	
Signature:	
Print Name and Title:	
Phone Number:	

Please be advised we make every effort to accommodate modified/light duty.

Please be specific as to the weight, frequency and duration of those activities.

Accident Fund Insurance Company of America, Accident Fund National Insurance Company, Accident Fund General Insurance Company, United Wisconsin Insurance Company, Third Coast Insurance Company or CompWest Insurance Company,