



IMC FORM 106

~~Request for Qualified Medical Evaluator  
(Please Complete Form/Type or Print)~~

~~EMPLOYEE INFORMATION~~

~~TODAY'S DATE~~ \_\_\_\_\_~~DATE OF INJURY (LIST ONLY ONE) (Requests without month/day/year of injury will be returned).~~~~NAME~~ \_\_\_\_\_~~ADDRESS~~ \_\_\_\_\_~~CITY, STATE, ZIP CODE~~ \_\_\_\_\_~~(AREA CODE) PHONE #~~ \_\_\_\_\_~~If currently residing out of state, list residence at the time of injury.~~~~CITY, ZIP CODE~~ \_\_\_\_\_

~~EMPLOYER INFORMATION~~

~~NAME~~ \_\_\_\_\_~~ADDRESS~~ \_\_\_\_\_~~CITY, STATE, ZIP CODE~~ \_\_\_\_\_~~(AREA CODE) PHONE #~~ \_\_\_\_\_

~~INSURER or CLAIMS ADMINISTRATOR INFORMATION~~

~~NAME~~ \_\_\_\_\_~~COMPANY~~ \_\_\_\_\_~~ADDRESS~~ \_\_\_\_\_~~CITY, STATE, ZIP CODE~~ \_\_\_\_\_~~(AREA CODE) PHONE #~~ \_\_\_\_\_~~CLAIM NUMBER~~ \_\_\_\_\_~~This Section to be Filled out by the Injured Worker ONLY~~~~Please list ONLY ONE specialty (Insert three letter code from the back of this form)~~~~Specialty Physician  
Requested:~~ \_\_\_\_\_~~Signature of Injured Worker~~ \_\_\_\_\_

~~PLEASE NOTE: Panels will be issued in the area of the injured worker's residence. If the injured worker resides out of state the panel will be issued in the area of residence at time of injury. If due to special circumstances another city is required please attach letter of agreement from the carrier and the city and zip code being requested.~~

~~If the IMC does not issue a panel within 15 working days after this request is received by the IMC, you are entitled to select a QME of your choice. Send this completed form to:~~

~~INDUSTRIAL MEDICAL COUNCIL~~

~~Executive Medical Director~~

~~P. O. Box 8888~~

~~San Francisco, CA 94128-8888~~

~~(650) 737-2700 or (800) 794-6900~~

~~(650) 737-2707 FAX~~

# ~~For Use with the QME Panel Request Form~~

## ~~MD/DO SPECIALTY CODES~~

~~MAI Allergy and Immunology~~  
~~MAA Anesthesiology~~  
~~MRS Colon & Rectal Surgery~~  
~~MDE Dermatology~~  
~~MEM Emergency Medicine~~  
~~MFP Family Practice - MD~~  
~~OFF Family Practice - DO~~  
~~OFM Family Practice - DO Including Osteopathic Manipulation~~  
~~MPM General Preventive Medicine~~  
~~MOH Hand - Orthopaedic Surgery~~  
~~MPH Hand - Plastic Surgery~~  
~~MSH Hand Surgery~~  
~~MMM Internal Medicine~~  
~~MMV Internal Medicine - Cardiovascular Disease~~  
~~MME Internal Medicine - Endocrinology  
Diabetes and Metabolism~~  
~~MMG Internal Medicine - Gastroenterology~~  
~~MMH Internal Medicine - Hematology~~  
~~MMI Internal Medicine - Infectious Disease~~  
~~MMO Internal Medicine - Medical Oncology~~  
~~MMN Internal Medicine - Nephrology~~  
~~MMP Internal Medicine - Pulmonary Disease~~  
~~MMR Internal Medicine - Rheumatology~~  
~~MOQ Medicine - Otherwise Qualified~~  
~~MPB Neurological Surgery Including Back~~  
~~MPN Neurology~~  
~~MNS Neurological Surgery~~  
~~MNM Nuclear Medicine~~  
~~MOC Obstetrics and Gynecology~~  
~~MPO Occupational Medicine~~  
~~MOP Ophthalmology~~  
~~MOS Orthopaedic Surgery~~  
~~MOB Orthopaedic Surgery - Including Back~~  
~~MTO Otolaryngology~~  
~~MAP Pain Management - Anesthesiology~~  
~~MPP Pain Management - Pain Medicine~~  
~~MHA Pathology~~  
~~MEP Pediatrics~~  
~~MPR Physical Medicine & Rehabilitation~~  
~~MPS Plastic Surgery~~  
~~MPD Psychiatry~~  
~~MRY Radiology~~  
~~MSY Surgery~~  
~~MSC Surgery - General Vascular~~  
~~MTS Thoracic Surgery~~  
~~MPT Toxicology - Occupational Medicine~~  
~~MET Toxicology - Emergency Medicine~~

## ~~NON-MD/DO SPECIALTY CODES~~

~~\*denotes a doctor of chiropractic who has completed a chiropractic post-graduate specialty program~~

~~ACA Acupuncture~~  
~~DCH Chiropractic~~  
~~DCN Chiropractic - Neurology\*~~  
~~DCO Chiropractic - Orthopaedic\*~~  
~~DCR Chiropractic - Radiology\*~~  
~~DCS Chiropractic - Sports Medicine\*~~  
~~DCT Chiropractic - Rehabilitation\*~~  
~~DEN Dentistry~~  
~~OPT Optometry~~  
~~POD Podiatry~~  
~~PSY Psychology~~  
~~PSN Psychology - Clinical Neuropsychology~~