STATE OF CALIFORNIA

Department of Industrial Relations Division of Workers' Compensation DISABILITY EVALUATION UNIT

	1 2,1120	222011 01112		Date:			
то:	Presiding	Workers' Comp. Ju	dge,				
FROM:	Disability		(Office)				
SUBJECT:	DEU Fi Employ QME: Date of	ee:			(Offic	e)	
disability m	ay be subjeage Section 4	nedical evaluation re ect to apportionmer 664. Please determ	it pursuai	nt to La	bor Code	Section 4	663 and/or
report back no response	to the me	oportionment is in edical evaluator fo e medical evaluato tion based on the o	r correct or within	tion or 30 day	clarificat	ion. If y	ou receive
		propriate space, sign t to the DEU office			ottom of th	nis form an	nd return it
Thank you.							
The apport	ionment:	IS CONSIST IS NOT CONSIST	TENT _ TENT _		or with the	law.	
			, Worl	kers' C	ompensat	ion Judge	e
	(Signati	ure)					
	(Date)						

NOTE: This memorandum is an administrative document and is not admissible in any judicial proceeding.