

State of California
Division of Workers' Compensation - Medical Unit
Additional Panel Request-8 Cal. Code of Regulations section 31.7
(Please print or type)

Original panel number *(Required)* Claim number *(Required)* Requesting Party *(Required)* Joint request
 Applicant's Attorney/Injured Worker
 Defense Attorney/Claims Administrator

Employee first name *(Required)* Middle Initial Employee last name *(Required)* EAMS number
(Required if a case is filed)

Reason for the additional panel request *(Required)*

- A written agreement between the parties in a represented case.
(Please attach a signed joint letter or jointly sign the bottom of this form)
- The acupuncturist QME selected advised the parties that disability is in issue and a QME in a different specialty is necessary. *(Please attach copy of the letter from the AME/QME.)*

Indicate the specialties you are requesting. Each specialty request must be justified by the reason listed above.

Specialty to be issued

Specialty to be issued

Specialty to be issued

Date of Request: *(mm/dd/yyyy)* Name of Requestor *(Required)* Signature of Requestor:

Requestor Address *(Required)* State *(Required)* Zip Code *(Required)*

Name of Requestor Signature of Requestor:

Requestor Address State Zip Code

Declaration of Service

I declare that I am a resident of or employed in the county where the mailing took place. I am over the age of eighteen years and I am not a party to this case, my business or residence address is:

On _____, I served this Additional Panel Request form, the original, or a true and correct copy of the original, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
- B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Method of Service	Person or firm served	Street Address
	City	State Zip Code

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ at _____, California.

Type or print name _____

Signature _____

QME Specialty Codes

MD/DO Specialty Codes

MAI	Allergy & Immunology
MDE	Dermatology
MEM	Emergency Medicine
MFP	Family Practice
MPM	General Preventive Medicine
MHH	Surgery - Hand
MMM	Internal Medicine
MMV	Internal Medicine - Cardiovascular Disease
MME	Internal Medicine – Endocrinology Diabetes & 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
MNB	Spine
MPN	Neurology
MNS	Neurological Surgery (<i>other than Spine</i>)
MOG	Obstetrics & Gynecology
MPO	Occupational Medicine
MOS	Orthopaedic Surgery (<i>other than Spine or Hand</i>)
MTO	Otolaryngology
MPA	Pain Medicine
MHA	Pathology
MPR	Physical Medicine & Rehabilitation
MPD	Psychiatry (<i>other than Pain Medicine</i>)
MSY	Surgery (<i>other than Spine or Hand</i>)
MSG	Surgery - General Vascular
MTS	Thoracic Surgery
MTT	Toxicology
MUU	Urology

NON-MD/DO Specialty Codes

ACA	Acupuncture
DCH	Chiropractic
DEN	Dentistry
OPT	Optometry
POD	Podiatry
PSY	Psychology
PSN	Psychology - Clinical Neuropsychology

Do Not file this page with your additional panel request!