EDINGTON MEDICAL GROUP
Practice Management by MES®

HENRY L. EDINGTON, MD
Medical Director
Fellow of American Academy
of Orthopaedic Surgeons

Type of Appt: ☐ **AME** ☐ **Represented P-QME** ☐ **P-QME** ☐ **Second Opinion**
☐ **Fitness for Duty** ☐ **Disability** ☐ **Functional Capacity Evaluation**
☐ **Re-Exam** ☐ **Longshore & Harbor** ☐ **Defense Base Act** ☐ **Jones Act**
☐ **Reschedule**
☐ **New Appointment**

Physician/Specialty: _____ Location: _____

CLAIMANT NAME	
Claimant Address	
City/State/Zip Code CA	**Phone Number**
Social Security Number	**Date of Birth**
Body Part or Allegations	
REFERRAL NAME	
Address:	
City/State/Zip Code CA	
Phone/Fax/Email	
EMPLOYER NAME:	
INSURANCE COMPANY NAME OR PAYOR	
Adjuster	**WCAB #** **PANEL #**
Address	
City/State/Zip code	
Phone/Fax/E-mail	
Claim Number	**Date of Injury**
ATTORNEY NAME:	◯ **Applicant** ◯ **Defense**
Name of Firm	
Address	
City/State/Zip Code CA	
Phone /Fax/E-mail	

INTERPRETER: YES ◯ **NO** ◉ **Who will schedule:** ◯ **Referral** ◯ **Edington Medical Group**

Language:

Click Submit to send by email Submit

OFFICE USE:
Your evaluation is scheduled: _____ at _____AM/PM Location: _____, CA.

SEND REFERRALS TO: FAX# 916-920-3222 OR E-MAIL EDINGTON@MESGROUP.COM

EDINGTON MEDICAL GROUP - 425 UNIVERSITY AVE., #140, SACRAMENTO CA, 95825
AVAILABLE MONDAY-FRIDAY 7:30AM-5:30PM - 877-581-4364