

**Customer Data**

Customer name:	Case ID:
Counselor name:	
Counselor questions or comments, if any:	

**Medical Consultant Recommendations**

The recommendations on this form are valid only six months from the date of the physician's signature.

Review type:  Medical  Psychological  Dental

Does review of data demonstrate that impairment exists?  Yes  No

Comments:

Do diagnostic studies appear adequate?  Yes  No

Additional medical, psychiatric, dental, and/or psychological information is needed to:  
 Establish diagnosis  Establish presence of disability  Establish prognosis

Specialist examination(s) needed?  Yes  No

If yes, explain:

Medical Consultant comments:

**Restoration**

Physical, mental, or dental restoration services indicated?  Yes  No

If yes, explain:

Comments:

Physician's signature: