



Law Offices of

# Bradford & Barthel, LLP

## LARGE LOSS REFERRAL (CATASTROPHIC INJURIES / CASES INVOLVING OUT-OF-PROPORTION LITIGATION)

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<b>Claim No:</b>	<b>Date of Injury:</b>	<b>WCAB Case No:</b>
<b>Claimant:</b>		<b>Employer:</b>
<b>D.O.B.:</b>	<b>SSN:</b>	<b>Employer Address:</b>
<b>Applicant's Attorney &amp; Phone:</b>		
<b>Suggested Issues:</b> <input type="checkbox"/> Injury AOE/COE <input type="checkbox"/> Occupation <input type="checkbox"/> Apportionment <input type="checkbox"/> Jurisdiction <input type="checkbox"/> Nature/Extent of Injury <input type="checkbox"/> Earnings <input type="checkbox"/> Past Medical <input type="checkbox"/> Dependency <input type="checkbox"/> Body Parts <input type="checkbox"/> TD <input type="checkbox"/> Future Medical <input type="checkbox"/> Other: <input type="checkbox"/> Employment <input type="checkbox"/> PD <input type="checkbox"/> Statute of Limitations		
<b>Medical Evaluation:</b> Please Set    Already Scheduled w/Dr. _____ on _____		
<input type="checkbox"/> MSC <input type="checkbox"/> STATUS CONF. <input type="checkbox"/> LIEN CONF. <input type="checkbox"/> TRIAL <input type="checkbox"/> DEPO <input type="checkbox"/> OTHER: _____		
Date: _____ Time: _____ Location: _____ Judge: _____		
<b>Case Profile/Concerns:</b>		

**Carrier Name:** \_\_\_\_\_ **Administering for:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Suite #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Adjuster Name:** \_\_\_\_\_ **Phone No. & Ext.** \_\_\_\_\_