

VENDOR REFERRAL REPORT

K-WC-R 93-2 (11-16)

Date referral received for medical management: _____

Assist with maximum medical improvement

Assist with return to work (same employer)

Date referral received for vocational rehabilitation: _____

Vocational assessment

Return to work (same employer) plan

Other plan development

Referred by: _____

Vendor: _____ Vendor number: _____

Street: _____ City: _____ State: _____ ZIP: _____

VR manager: _____

QRP number: _____ Phone: _____

Insurance carrier: _____

Street: _____ City: _____ State: _____ ZIP: _____

Adjuster: _____

Insurance carrier file number: _____ Phone: _____

Claimant: _____

Street: _____ City: _____ State: _____ ZIP: _____

Social Security number: _____ Date of birth: _____

Phone: _____ Date of accident: _____

Employer: _____ Phone: _____

Street: _____ City: _____ State: _____ ZIP: _____

Contact: _____

Attorneys: _____