NOTICE OF REHABILITATION CONSULTATION REQUEST

Social Security Number Date of Injury	Insurance Company Phone Number
Employee Name Phone Number	Street Address
Street Address	City, State, Zip Code
City, State, Zip Code	Claim Number Claim Representative Name
Employer Name	
Street Address	City, State, Zip Code

1. I am requesting a rehabilitation consultation pursuant to Minnesota Statute 176.102, subd. 4(a).

2. The insurer is required to file a Disability Status Report (DSR) with the Commissioner and provide me with a copy within 14 days after receiving this request for a rehabilitation consultation (Minnesota Rule 5220.0110, subp. 7).

   If the insurer does not file a DSR according to this part, the Commissioner may order a rehabilitation consultation at the insurer's expense according to Minnesota Statutes, Section 176.102, subd. 4, paragraphs (b) and (f).

   I request that the rehabilitation consultation be provided by:

   Chicilo and O'Hara, Inc.
   400 Village Center Drive, Suite 600
   North Oaks, MN 55127
   651-483-5506

3. A copy of this form is being sent to all interested parties, including the QRC, insurer, Commissioner of Labor and Industry, and any attorneys, if known.

Employee Signature: _____ **Date:** _____