Regain, Inc.

ERGONOMIC SERVICES REFERRAL

Please contact us at: (800)743-8448 / Fax:(714)558-3035 or at www.regain.net

DATE:

EMPLOYEE (CLAIMANT)

NAME:

ADDRESS:

HOME PHONE: ( ) D.O.B.:

CELL PHONE: ( )

EMAIL:

WORK PHONE: ( )

SOC. SEC. NO.: D.O.I.:

OCCUPATION:

LANGUAGE:

INJURY TYPE:

RESTRICTIONS:

TREATING PHYSICIAN

HOSPITAL:

PHYSICIAN:

ADDRESS:

PHONE: ( ) FAX: ( )

SERVICES AUTHORIZED

☐ ERGONOMIC ASSESSMENT ☐ ERGONOMIC EQUIPMENT RELOCATION

OTHER ERGONOMIC SERVICES:

TYPE OF REFERRAL

☐ WORKERS' COMPENSATION

☐ OTHER

CLAIMS ADMINISTRATOR

NAME/TITLE:

COMPANY:

ADDRESS:

PHONE: ( ) FAX ( )

EMAIL:

CLAIM #:

EMPLOYER

NAME:

ADDRESS:

RTW COORDINATOR:

RTW PHONE: ( )

RTW EMAIL:

RTW INFO:

WORKSITE

NAME:

ADDRESS:

CONTACT PERSON:

PHONE: ( ) FAX ( )

EMAIL:

APPLICANT'S ATTORNEY

NAME:

LAW FIRM:

ADDRESS:

PHONE: ( ) FAX ( )

NOTES/SPECIAL INSTRUCTIONS: