

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT  
P. O. Box 71010  
Oakland, CA 94612  
(510) 286-3700 or (800) 794-6900

**QME/AME REPORT TIME FRAME EXTENSION REQUEST**

*(Send to DWC Medical Unit 5 or more days before report is due.)*

**Request for 30 day extension**  
Reason \_\_\_ Lab or test results not received. Type of test: \_\_\_\_\_  
\_\_\_ Report of consulting physician not received.  
Specialist type: \_\_\_\_\_

**Request for 15 day extension**  
Reason \_\_\_ Medical emergency of the evaluator or evaluator family member.  
\_\_\_ Death in evaluator's family.  
\_\_\_ Natural disaster/other community catastrophe interrupted office.

**Request extension for supplemental report (maximum 30 days)**

Date of Physical Evaluation: \_\_\_\_\_ Date Report will be served: \_\_\_\_\_

Employee's Name \_\_\_\_\_ Date of Injury \_\_\_\_\_

Claims Administrator \_\_\_\_\_ Claim No. \_\_\_\_\_ Panel No. \_\_\_\_\_

QME Name \_\_\_\_\_ CA Lic. No. \_\_\_\_\_  
(PRINT/TYPE)

QME Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

*File this form with the Division of Workers' Compensation-Medical Unit 5 days before your report is due to be served on the parties and send a copy of this form to the employee and claims administrator. The QME may not be entitled to payment for evaluations which are not submitted in a timely manner (Labor Code § 4062.5). Review 8 Cal. Code Regs. § 38(h) regarding extension of time for supplemental report. If you need further information, please call us at (510) 286-3700 or 1-800-794-6900.*

**FOR DWC USE ONLY**

( ) Extension approved ( ) Extension denied and notice mailed to evaluator and parties

Medical Director: \_\_\_\_\_ Date \_\_\_\_\_