

# **Dr. White, M.D.**

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## Medical Physician Validation Points

I have been asked to review the physician records for patient \_\_\_\_\_. The following documents have been delivered to me in order to perform this review:

- a. Intake/Discharge Form
- b. DUD/LOE worksheets
- c. Daily SOAP notes
- d. Physician Medical Report
- e. Testing Results
- f. Films (if provided)
- g. Billing forms

Based on my review of the aforementioned documents, I have determined:

1. The following injuries were diagnosed and documented by Dr. \_\_\_\_\_.

- a. 847.0 Neck Sprain/Strain
- b. 847.1 Thoracic Sprain/Strain
- c. ....

2. The following complaints were identified and documented by Dr. \_\_\_\_\_.

- a. Headaches
- b. Spasms
- c. Sleep Disturbance
- d. ....

3. Based on my review of the records listed above, it is documented that all the above listed injuries and listed associated complaints were a direct result of the accident of \_\_\_\_\_ date.

*(If there is an injury which existed previous or subsequent to the instant MVA, and this is also documented in the notes, simply state the physician's stated proration. i.e. "The physician has stated that degenerative disc disease was present prior to the instant accident. This is documented by Dr. \_\_\_\_\_ as only being relevant in that the injuries to the approximate body parts were more severe and required a longer treatment period. Dr. \_\_\_\_\_ continues in his documentation to state that this condition has been aggravated by the instant accident".)*

4. Based on my review of the records listed above, it is documented that the patient was determined by Dr. \_\_\_\_\_ to have a prognosis of “Ongoing complaints and Continued active and passive treatment.

5. Based on my review of the records listed above, it is well documented that the patient should continue active treatment in the form of (Self Exercises, bed rest.....). Also, Dr. \_\_\_\_\_ documents that the patient will require future passive medical treatment over the next two years with a medical determination of *Probable – Definite* (choose one). The cost of that treatment is stated by Dr. \_\_\_\_\_ as being \$\_\_\_\_\_.

6. Based on my review of the records listed above, Dr. \_\_\_\_\_ has stated that the (*Cervical and Thoracic ligaments*) have reached static MMI on (*date*). However, other injured body parts as a direct result of the instant MVA, on a probable basis will continue to require both active and/or passive care as described by Dr. \_\_\_\_\_ above.

7. Based on my review of the records listed above, Dr. \_\_\_\_\_ has determined the whole body impairment percentage to be \_\_\_% as a direct result of the instant MVA. This determination is in agreement with the Sixth Edition of the American Medical Association Guidelines for Impairment.

8. Based on my review of the records listed above, Dr. \_\_\_\_\_’s daily chart notes and report, as well as, the patient’s DUD/LOE worksheets, the following factors were well documented as having been realized by the patient as a direct result of the instant MVA: (*Select those items which appear on the DUD/LOE worksheets or in the physician’s records.*)

## **LOSS OF ENJOYMENT**

### **Work**

Loss of Status within the organization  
Loss of Job Security  
Loss of promotional prospects  
Difficulty in performing duties  
Reduced quality of work  
Other

### **School**

Loss of Attending class  
Loss of Attending functions  
Loss of Gym class  
Loss of studying  
Other

### **Domestic**

Loss of Interior Cleaning  
Loss of Interior Maintaining  
Loss of Interior Preparing meals

## Household

## Hobbies

## Pre-incident level:

Current level:

### These Loss of Life Enjoyment factors

- ### DUTIES UNDER DURESS:

## Study

## Household

3

Pain (must interfere with work or studying capacity)

- have been experienced since the incident

- were experienced for \_\_\_ weeks  
 \_\_\_ months

Thank you for giving me the chance to review these records. If I can be of further service or there are additional questions, please contact me directly.

Dr. White, M.D.

<b>a.</b>	<b><u>Intake/Discharge Form</u></b>
<b>b.</b>	<b><u>DUD/LOE worksheets</u></b>
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