

EXHIBIT F2

INITIAL DEDICATED NURSE REVIEW

Date: <<TODAY>>
Adjuster: <<EX_NAME>>
Date referred:
Date opened:

Claimant: <<FIRST_LAST_NAME>>
Claim number: <<CLAIM_NO>>
DOI: <<DOI>>
DOB: <<BIRTH_DT>> Age: <<AGE_CURRENTLY>>

Dept:
Job title:

Mechanism of injury:
Compensable area(s):

Treating doctor:
Referral doctor:

Diagnosis:
Co-morbidity:
Surgery:

CURRENT MEDICAL STATUS:

ODG / Guidelines:

CURRENT RTW STATUS:

Barriers to RTW:

MDA Guidelines:

Pertinent Information / Impressions:

RECOMMENDATIONS / PLAN:

MDA / EJF letter:

Diary date:

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