**Month xx, 2017**

Defense

Applicant

Insurance

**RE:**

**DOI:**

**EMPLOYER:**

**CLAIM NO.:**

**WCAB/EAMS NO.:**

**PANEL NO.:**

**SUPPLEMENTAL PANEL QUALIFIED MEDICAL REPORT**

**Statement of Services – ML 106-9x**

The time spent on this case was as follows:

Review of Records/videotape: **\_\_** Hour(s)

Production of this report which

includes dictation and editing: **\_\_** Hour(s)

Total time spent on this case: **\_\_** Hour(s)

**\*\*This is a medical legal report and does not qualify for a PPO/Network discount.**

Date of Report: **Month xx, 2017**

Signed this \_\_\_ Day of \_\_\_, 2017 at San Bernardino County.

Dear Parties:

I initially evaluated Patient Name on **Month xx, 201X** in my capacity as a Qualified Medical Evaluator in Internal Medicine.

**REVIEW OF MEDICAL RECORDS:**

*In addition to the records summarized were duplicate records, facsimile cover letters, billing records and utilization review documents.*

**DISCUSSION:**

Sincerely,

Sameer Gupta, MD

Enclosures

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted here-in, that I believe it to be true."

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my know-ledge. This statement is made under penalty of perjury."

This is to certify that Sameer Gupta, M.D., performed the above evaluation and examination and that he prepared this report.