



Vocational Consulting Services, LLC

1537 Park Place, Suite 500  
Green Bay, WI 54304  
Phone: (920) 499-1747

**Fax:**  
**(920) 499-2867**

Date Assigned: \_\_\_ / \_\_\_ / \_\_\_ Employee: \_\_\_\_\_

**REQUESTED BY**

Name: \_\_\_\_\_ Claim #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

**SERVICES REQUESTED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLAIMANT**

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
Date of Injury: \_\_\_ / \_\_\_ / \_\_\_ Occupation: \_\_\_\_\_  
Wage Rate: \_\_\_\_\_ Injury: \_\_\_\_\_

**EMPLOYER**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

**PHYSICIAN**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Email: \_\_\_\_\_

**OTHER CONTACT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Email: \_\_\_\_\_