TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation (MS-603)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
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Presiding Officer's Directive to Order Designated Doctor Exam

I. Injured Employee Information

Employee Name	Employee Address	
Exam Type ☐ Initial ☐ Re-Exam	DWC # Sequence -	Employee SSN
Date of Birth	Date of Injury	Telephone Number

Does the claim involve medical benefits provided through a Certified Workers' Compensation Health Care Network or a political subdivision pursuant to 504.053(b)(2) of the Texas Labor Code, relating to directly contracting with health care providers or contracting through a health benefits pool? ☐ Yes ☐ No
If Yes, name of network or health care plan:

II. Other Contact Information

	Phone Number	Ext.	Fax Number
Employee Representative or Assistant (OIEC) Name			
Insurance Carrier/Adjuster Name			
Insurance Carrier Rep Present at Hearing			

Treating Doctor Name	License Number	License Type	Phone Number

III. Reason for Exam (See Page 2, *Section V. regarding Presiding Officer's Specific Instructions for Examination*)

	Reason (check all that apply)	Additional Information
☐	A. Maximum Medical Improvement	Statutory MMI Date (if any): (mm/dd/yyyy)
☐	B. Impairment Rating	MMI Date (Only if Box A of this section is Not Checked): (mm/dd/yyyy)
☐	C. Extent of Injury	Specific information should be included in Section V of this directive (page 2)
☐	D. Disability – Direct Result	Period to be assessed: From: to (mm/dd/yyyy) Present Ending date cannot be a future date. Check "present", if no specific ending date.
☐	E. Return to Work	Period to be assessed: From: to (mm/dd/yyyy) Present
☐	F. Return to Work (Supplemental Income Benefits)	Period to be assessed: From: to (mm/dd/yyyy) Present Is the above qualifying period applicable to the 9th quarter (or a subsequent quarter) of supplemental income benefits? ☐ Yes ☐ No
☐	G. Other similar issues	Specific information should be included in Section V of this directive (page 2)

IV. Body Areas/Diagnoses to be Assessed by the Designated Doctor

If re-examination, should a new designated doctor be assigned? ☐ Yes ☐ No Current DD

	Spine and Musculoskeletal Structures of Torso		Spinal Cord Injury
	Upper Extremities		Severe Burns (including chemical burns)
	Lower Extremities (excluding feet)		Multiple Fractures, Joint Dislocation, Hip or Pelvis Fracture
	Feet		Infectious Diseases (complicated)
	Teeth and Jaw		Complex Regional Pain Syndrome
	Eyes		Chemical Exposure
☐	Other Body Areas/Systems		Heart or Cardiovascular Condition
	Traumatic Brain Injury		Mental and Behavioral Disorders

Employee Name	DWC #	Seq	Employee SSN	Date of Birth	Date of Injury

V. Presiding Officer's Specific Instructions for Examination

Presiding Officer (Printed Name)	Signature	Date